

L16 0000 08161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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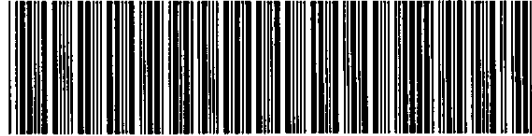
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

S Warren

SEP 03 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nest MD Management Services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thiroshan Chetty
Name of Person

Nest MD Management Services LLC
Firm/Company

929 NORTH US HWY 441/27 Suite 102
Address

LADY LAKE, FLORIDA 32159
City/State and Zip Code

thiroshan108@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thiroshan Chetty at (352) 875-8373
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|---|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Next MD MANAGEMENT SERVICES LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/12/2016 and assigned Florida document number L16000008161

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Thiroshan Chetty

New Registered Office Address:

929 NORTH US HWY 441/27 Suite 102

Enter Florida street address

LADY LAKE

City

Florida

32159

Zip Code

New Registered Agent's Signature. If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUSTIN BELL	4898 NW 76th CT	<input type="checkbox"/> Add
		Ocala, FL 34482	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMM MANAGEMENT LLC	4898 NW 76th CT	<input type="checkbox"/> Add
		Ocala, FL 34482	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Thirashan Chetty	4713 SW 41st	<input checked="" type="checkbox"/> Add
		Ocala, FL	<input type="checkbox"/> Remove
		34474	<input type="checkbox"/> Change
MGR	MARK SHAW	5818 NW 80th Ave Rd	<input checked="" type="checkbox"/> Add
		Ocala, FL 34482	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 07/27/, 2016

Signature of a member or authorized representative of a member

Thirushan Chetty
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016-05-11 P 12:32

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