# L1600011200

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## **COVER LETTER**

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#### TO: **Registration Section** Division of Corporations

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Tallahassee, FL 32314

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SUBJECT:	Medi Rea	lty, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub indence concerning this matter		
	-	Matt Farbadi	
		Name of Person	
	Мес	li Realty, LLC	
		Firm/Company	
		13964 West Hillsborough Ave	:
		Address	
		Tampa FL 33635	
		City/State and Zip Code att@dolphinlle.com	
		to be used for future annual repo	rt notification)
For further information e	oncerning this matter, please c	all:	
Matt F	farhadi	813 814457 at ()	7
Name o	f Person		aytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>S60.00 Filing Fee, Certificate of Status &amp; Certified Copy (additional copy is enclosed)</li> </ul>
<u>Mailing Addres</u> Registration S		<u>Street Addre</u> Registratio	
Division of C	orporations	Division of	Corporations
P.O. Box 6327		The Centre	of Tallahassee

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF C	DRGANIZATION	the last int
-		24 PH 1:31
Medi Realty, LLC ( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	SCONETA PALL PAL	AND OF STATE
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000011200</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	t 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)	· · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office :	address on our records, <u>enter the</u>	e name of the new registe
B. If amending the registered agent and/or registered office :	address on our records, <u>enter the</u>	e name of the new registe
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		e name of the new registe
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here: <u>Name of New Registered Agent</u> :	address on our records, <u>enter the</u> Enter Florida street address	e name of the new regist

### New Registered Agent's Signature, if changing Registered Agent:

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

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	<u>Type of Action</u>
Manager	Sharon Golden	13964 W. Hillsborough Ave Tampa FL 33635	🗃 Add
			🖾 Remove
			□Change
			🗆 Add
			Remove
			□Change
			🗆 Add
			□Change
			🗆 Add
			🗆 Remove
			🛛 Change
			🗖 Add
			🖾 Remove
			Change
			[]Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	06/21/2022
Effective date, if other than the other than the other than the other the other the date is listed, the date n	e date of filing: (optional) ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this	block does not meet the applicable statutory filing requirements, this date will not be listed as t
document's effective date on the	Department of State's records.
the record specifies a delayed effect	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ford is filed.	
Dated June, 21	2022
	1 1 / 2 - 2
	Signature of a member of authorized representative of a member
	Matt M. Farhadi

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