# L16000011489

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
TALLAHASSEE, FL

2024 AUG 16 PM 2: 51



# Docusign Envelope ID: 4BBAF1B8-391C-4FBB-965F-A730866FCF11 COVER LETTER

Tallahassee, FL 32314

Division of Co				
Medteam F	Force LLC			
SUBJECT:	Name of Lim	ited Liability Company		_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	_		
	Elder Luna Santos De Oliv	riera		
		Name of Person		<u> </u>
	Medteam Force			
		Firm/Company		
	70 Gardenia St.			
		Address		
	Clearwater, FL 33767			
		City/State and Zip Code		
	medteamforce@gmail.com	to be used for future annual	report notification)	– ൃന പ
For further information of	concerning this matter, please c		•••	CREI FALL/
Elder Oliviera		786 91-	4-2753	AHAS
Name (	of Person	Area Code	Daytime Telephone Nun	ECRETARY OF STA
Enclosed is a check for t	he following amount:			' <del> </del>
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certif losed) Certif	D Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
Mailing Addre Registration		<u>Street Ac</u> Registra	ddress:	
Division of C P.O. Box 632	Corporations	Division	n of Corporations  ntre of Tallahassee	
L'O' DOY DO	<u> </u>	The Cel	mic of fantanassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

PM 2: 2 Docusign Envelope ID: 48BAF188-391C-4FBB-965F-A730866FCF11

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medteam Force LLC				
(Name of the Limit	ted Liability Company (A Florida Limited Lia	as it now appears on our bility Company)	records.)	
The Articles of Organization for this Limited L	• • •	ere filed on 1-15-2016		and assigned
Florida document number L16000011489	<del></del> -			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabili	ty company here:		
The new name must be distinguishable and contain the w	vords "Limited Liability	Company," the designation	"LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applic	able:		_	
Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:	-			SI 28
	PAY:			ACK A
Mailing address MAY BE A POST OFFICE	<del></del>		<del>िहुंचे हिं</del>	
	-			<del>- 153 5 -</del>
B. If amending the registered agent and/or r	registered office add	dress on our records,	enter the name	e of the new register
agent and/or the new registered office addre				in of is
				FA 5
Name of New Registered Agent:	Elder Luna Sa	antos De Oliviera		<u> </u>
New Registered Office Address:	70 Gardenia S			
		Enter Florida street	address	
	Clearwater	<u>-</u>	_, Florida <u></u> 3	3767
		City		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

Docusign Envelope ID: 4BBAF1B8-391C-4FBB-965F-A730866FCF11 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>	Address	Type of Action
Partner	Victoria Diane Perenich	1212 E. Oakwood St.	
		Tarpon Springs, Florida 34689	≣Remove
			Change
			_
			□Remove
			Change
			2024 AUG 16 PH 2: 51
			2: 51
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change

	's effective date on the Department of State's records.	
Note: If t	date, if other than the date of filing:	to 603.0247 (3)(0)
	8-1-2024	$m_{ij} \approx 2$
		SECRETARY OF
		ZA AUG
		20
		<del></del>
	<u> </u>	
		<del>_</del>

Filing Fee: \$25.00