

W16 0000 22690

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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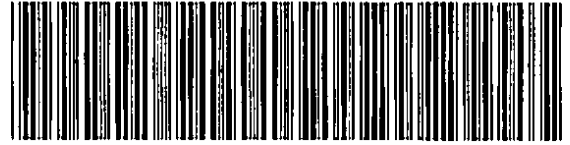
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2021 NOV 16 AM 6:41

FILED

O SIMMONS
DEC 07 2021

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

2021 NOV 16 AM 6:41

SMOKE DETECTOR MEDIC, LLC

(Name of the Limited Liability Company as it now appears on **SECRETARY OF STATE**
of records, TALLAHASSEE, FL.
A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 2, 2016 and assigned
Florida document number LL1600022690

This amendment is submitted to amend the following:

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

N/A

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: 11950 AMEDICS LANE
FORT MYERS, FL. 33907
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 11950 AMEDICS LANE
FORT MYERS, FL. 33907
(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: SABRINA ISLEY LUNDBOIM

New Registered Office Address: 11950 AMEDICS LANE
Enter Florida street address

FORT MYERS, Florida 33907
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.

(SIL) Sabrina Isley Lundboim
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>
AMBR	DAVID RUSSELL	PO BOX 3462	<input type="checkbox"/> Add
		ESTERO, FL, 33929	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SABRINA ISLEY LUNDBOHM	11950 AMEDICUS LN	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL, 397	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NONE

Multiple horizontal dashed lines for amending information.

E. Effective date, if other than the date of filing: NOVEMBER 15, 2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated 11/15/ 2021

(DL)/s/

David Lundbohm
Signature of a member or authorized representative of a member

DAVID LUNDBOHM, AMBR (AUTHORIZED MEMBER)

Typed or printed name of signer

Filing Fee: \$25.00