

L16000052991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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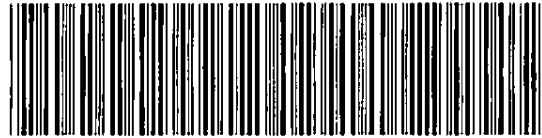
(Business Entity Name)

(Document Number)

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VIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FMD URGENT CARE, 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:

Kristina Hudson, Esq.

Name of Person

Booth & Cook, P.A.

Firm/Company

3030 Starkey Boulevard, Suite 100

Address

Trinity, FLorida 34655

City/State and Zip Code

desaibha@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Hudson, Esq.

727 842-9105

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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 Address:

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

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

FMD URGENT CARE, 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 March 16, 2016 and assigned
Florida document number L16000052991.

This amendment is submitted to amend the following:

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

DESAI DYNASTY PHOTOGRAPHY, LLC

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)

3764 PRESIDENTIAL DRIVE
PALM HARBOR, FL 34681

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same Address
As above

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>
<u>MGR</u>	<u>BHARAT DESAI</u>	<u>3764 Presidential Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Harbor FL 34685</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>NILESH DESAI</u>	<u>5370 NIGHT STAR TRAIL</u>	<input checked="" type="checkbox"/> Add
		<u>Odessa, FL 34556</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>MEENA DESAI</u>	<u>3764 Presidential Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Harbor FL 34685</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>CHELSEA DESAI</u>	<u>5370 NIGHT STAR TRAIL</u>	<input checked="" type="checkbox"/> Add
		<u>Odessa, FL 34556</u>	<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

[illegible]

August 23, 2023

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 August 23, 2023



Bharat Desai

Typed or printed name of signee

Filing Fee: \$25.00