

L16 000 131757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700288269007

FILING CANCELLED
RETURNED CHECK

07/25/16--01018--006 **25.00

2016 JUL 25 P 4:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JUL 26 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

MedicZen Global, LLC

SUBJECT: _____
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:

Juan Carlos Rondon

Name of Person

MedicZen Global, LLC

Firm/Company

3157 N University Dr, Suite 103

Address

Hollywood FL, 33024

City/State and Zip Code

juancrondon@rondonlawfirm.com

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

For further information concerning this matter, please call:

Juan Carlos Rondon

954

8656144

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**TO
ARTICLES OF ORGANIZATION
OF**

**FILING CANCELLED
RETURNED CHECK**

MedicZen Global, 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 July 13, 2016 and assigned
Florida document number L16000131757.

This amendment is submitted to amend the following:

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

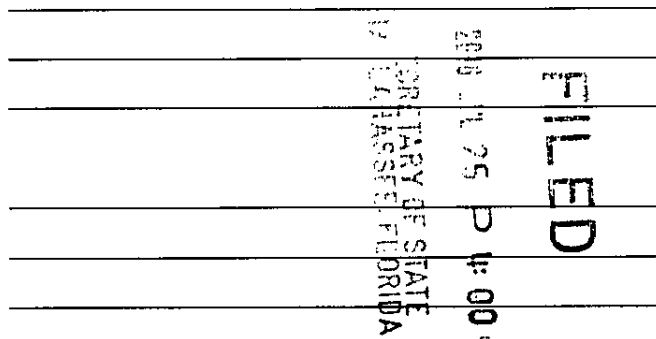
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

FILING CANCELLED RETURNED CHECK

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Pedro Tapia	3157 N University Dr, Suite 103	<input type="checkbox"/> Add
		Hollywood FL 33024	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Juan Carlos Rondon	3157 N University Dr, Suite 103	<input type="checkbox"/> Add
		Hollywood FL 33024	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Hector Martinez	3157 N University Dr, Suite 103	<input type="checkbox"/> Add
		Hollywood FL 33024	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILING CANCELLED
RETURNED CHECK

E. Effective date, if other than the date of filing: _____ (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 21 JUL 2016, _____



Signature of a member or authorized representative of a member

JUAN C. RONDON

Typed or printed name of signee

2016 JUL 25 PM 4:00
SECRETARY OF STATE
TREASURER OF FLORIDA

FILED