

2170000 41471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

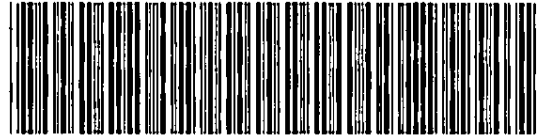
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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UJS  
12-13-18

COVER LETTER

ID#81-548 3788

TO: Registration Section  
Division of Corporations

SUBJECT: RANIA MEDICAL MD 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:

RANIA HAMVAS  
Name of Person

RANIA Medical MD LLC  
Firm/Company

1132 MARTIN LUTHER KING JR AVE  
Address

DUNEDIN, FL 34698  
City/State and Zip Code

ROSSPFINGSTEN@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANIA HAMVAS at (404) 518-5526  
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

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

RANIA MEDICAL MD 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 FEB 22, 2017 and assigned Florida document number L17000041471.

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)

1132 MARTIN LUTHER KING JR AV  
DUNEDIN, FL 34698

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1132 MARTIN LUTHER KING JR AV  
DUNEDIN, FL 34698

**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:

1132 MARTIN LUTHER KING JR AVE

Enter Florida street address

DUNEDIN, Florida 34698

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**

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>
MGR	PA ROSS PFINGSTEN	707 60 <sup>TH</sup> ST CT EAST	<input type="checkbox"/> Add
		BRADENTON, FL 34208	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA  
TALLAHASSEE  
SECRETARY OF STATE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 DEC -7 PM 4: 0  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

TRAVIA HAMVAS

Typed or printed name of signee