

Jan. 20. 2021 11:07AM  
1/19/2021

PAGIO'S & ASSOCIATES, LLC  
Division of Corporations

No. 0004 P. 1/6

L17000056996

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC  
Account Number : I20100000043  
Phone : (305)397-8553  
Fax Number : (305)397-8521

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HEALTHICA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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JAN 21 2021



January 20, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HEALTHICA, LLC  
15051 ROYAL OAKS LANE STE 701  
NORTH MIAMI, FL 33181

SUBJECT: HEALTHICA, LLC  
REF: L17000056996

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE PROVIDE THE CORRECT DOCUMENT NUMBER. THE WHOLE DOCUMENT INCLUDING THE FAX AUDUTI SHEET NEEDS TO BE IN FULL PORTRAIT IMAGE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley  
Regulatory Specialist II

FAX Aud. #: H21000024991  
Letter Number: 221A00001189

**COVER LETTER**

**H21000024991 3**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HEALTHICA, 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:

BERKAN KARALAR

Name of Person

HEALTHICA, LLC

Firm/Company

16950 NORTH BAY ROAD, APT 1212

Address

MIAMI, FL 33160

City/State and Zip Code

berkankaralar@hotmail.com

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

For further information concerning this matter, please call:

BERKAN KARALAR

at 305 927-8656

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**

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HEALTHICA, 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 03/14/2017 and assignedFlorida document number L17000056996

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

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2021 JAN 20 PM 5:30  
TALLAHASSEE, FLORIDA

Jan 20, 2021 11:06AM

PAGIO'S &amp; ASSOCIATES, LLC

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H21000024991.3  
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	ERMAN AKYILDIZ	86 SW 8TH STREET, UNIT 2010	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<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
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			<input type="checkbox"/> Change

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JAN 20 2021  
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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ST. CECILIA'S P. ORIGIN  
TALANASSIE

E. Effective date, if other than the date of filing: JANUARY 19, 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 JANUARY 19 \_\_\_\_\_, 2021

Signature \_\_\_\_\_

Signature of a member or authorized representative of a member

BERKAN KARALAR

Typed or printed name of signee

**Filing Fee: \$25.00**