

L17000058509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 APR -5 PM 3:45

FILED
168 MAY 01 2017
CLERK OF SUPERIOR COURT

APR 06 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cardio Matrix 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:

Josef Foussaint

Name of Person

Cardio Matrix LLC

Firm/Company

2383 Linwood Avenue, Suite 306

Address

Naples, Fl. 34112

City/State and Zip Code

joejoemd@yahoo.com

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

For further information concerning this matter, please call:

Josef Toussaint	917	916-2209
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**

Cardio Matrix 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 14, 2017 and assigned
Florida document number 117000058509

This amendment is submitted to amend the following:

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

Cardio Matrix, LLC

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

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

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	Josef Toussaint	2383 Linwood Avenue, Suite 306	<input type="checkbox"/> Add
		Naples, FL 34112	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Anthony Franco	2383 Linwood Avenue, Suite 306	<input type="checkbox"/> Add
		Naples, FL 34112	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Tri Nguyen	2383 Linwood Avenue, Suite 306	<input checked="" type="checkbox"/> Add
		Naples, FL 34112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Moses L. Allen, IV	2383 Linwood Avenue, Suite 306	<input checked="" type="checkbox"/> Add
		Naples, FL 34112	<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

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

ARTICLE III

Other provisions, if any:

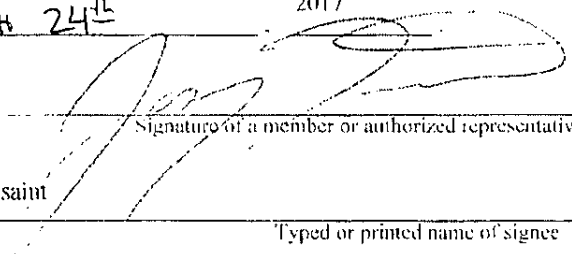
The purpose for which this legal business entity is being formed is engage in any activity or business permitted under the law of the United States of America and of the State of Florida.

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 MARCH 24th 2017


Signature of a member or authorized representative of a member
Josef Toussaint

Typed or printed name of signee

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DEPARTMENT OF STATE
CORPORATION DIVISION