

L17000087384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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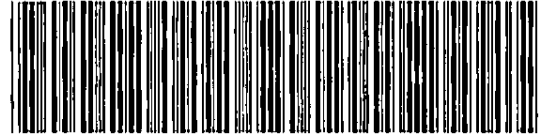
(Business Entity Name)

(Document Number)

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MAY 15 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

KYRILLOS SABER MEDICAL ACADEMY 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:

Kyrillos Younan

Name of Person
KYRILLOS SABER MEDICAL ACADEMY LLC

Firm/Company

Address

City/State and Zip Code
kyrillossaber1989@gmail.com

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

For further information concerning this matter, please call:

Kyrillos Younan at (727) 657 2597

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

2019 MAY 10 PM 3:38
 2019 MAY 10 A 9:00
 FILING

TO
ARTICLES OF ORGANIZATION
OF

KYRILLOS SABER MEDICAL ACADEMY 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 4/19/2019 and assigned
Florida document number L17000087384

This amendment is submitted to amend the following:

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

Queen of Egypt Medical Academy LLC

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

Enter new principal offices address, if applicable:

3905 TAMP ARD #2355

(Principal office address MUST BE A STREET ADDRESS)

OLDSMAR, FL 34677

Enter new mailing address, if applicable:

P.O Box 2355

(Mailing address MAY BE A POST OFFICE BOX)

oldsmar fl 34677

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: No change

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

