

L17000162846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

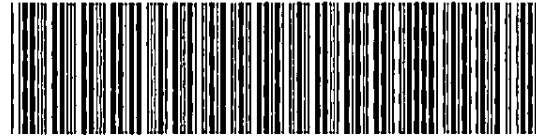
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/01/20 09:11:00 487,106

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2021 JAN 11 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

JAN 20 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2020

ANDY DUCLOS
4723 LAKE CHARLES DR N
ST PETERSBURG, FL 33709

SUBJECT: SEEKO HEALTH MEDICAL GROUP LLC
Ref. Number: L17000162846

We have received your document for SEEKO HEALTH MEDICAL GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 820A00023337

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seeko Health Medical Group 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:

Andy Duclos

Name of Person

Seeko Health Medical Group LLC

Firm/Company

4723 Lake Charles Dr N

Address

St Petersburg, FL 33709

City/State and Zip Code

andyduclos23@gmail.com

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

For further information concerning this matter, please call:

Andy Duclos

954 560-0767
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Seeko Health Medical Group LLC

2021 JAN 11 PM 3:15

(Name of the Limited Liability Company as it now appears on our records): SEEKO HEALTH MEDICAL GROUP LLC
(A Florida Limited Liability Company) STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 31st, 2017 and assigned
Florida document number : L17000162846.

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:

4723 Lake Charles Dr N Kenneth City, FL 33709

(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:

First Step Legal Solutions, PLLC

New Registered Office Address:

101 NE 3rd Ave Suite 1500

Enter Florida street address

Fort Lauderdale

Florida 33301

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.

Garry L. Smith
If Changing Registered Agent, Signature of New Registered Agent

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

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SECRETARY OF STATE
TALLAHASSEE, FL

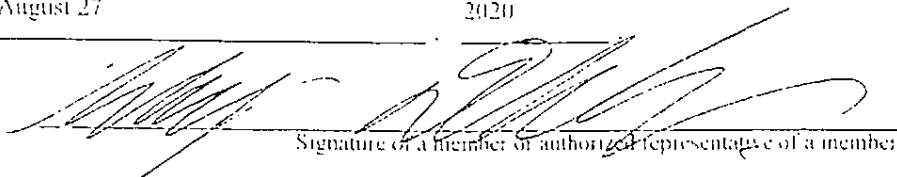
E. Effective date, if other than the date of filing: August 27, 2020 (optional)

(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 August 27, 2020


Signature of a member or authorized representative of a member

Andy Duolos

Typed or printed name of signer