

L17000 167001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

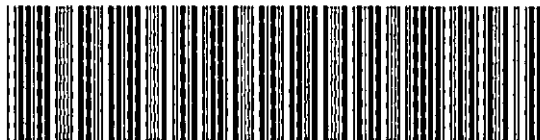
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300322540693

01/04/19--01008--029 ++60.00

FILED  
2019 JAN -4 PM 1:03  
CLERK OF SUPERIOR COURT  
JANUARY 4 2019

D. BRUCE  
JAN 12 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEDICAL PREP ACADEMY, 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:

NOELIE AVILA BERRY

Name of Person

MEDICAL PREP ACADEMY, LLC

Firm/Company

4306 DEEP CREEK TERRACE

Address

PARRISH, FL 34219

City/State and Zip Code

MEDICAL.PREP.ACADEMYLLC@GMAIL.COM

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

For further information concerning this matter, please call:

NOELIE AVILA BERRY

941

900-9909

at ( )

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 JAN -4 PM 1:03

FILED

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

MEDICAL PREP 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 08/04/2017 and assigned  
Florida document number 117000167001.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

**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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

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>                   |
|--------------|-----------------------------|--|---|
| COO          | JONATHAN BRADLEY<br>DECKER  | 4306 DEEP CREEK TERRACE<br>PARRISH, FL 34219 | <input checked="" type="checkbox"/> Add |
|              |                             |  | <input type="checkbox"/> Remove         |
|              |                             |  | <input type="checkbox"/> Change         |
| CFO          | ALEXANDRIA NICOLE<br>PERSON | 4306 DEEP CREEK TERRACE<br>PARRISH, FL 34219 | <input checked="" type="checkbox"/> Add |
|              |                             |  | <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         |
|              |                             |  | <input type="checkbox"/> Add            |
|              |                             |  | <input type="checkbox"/> Remove         |
|              |                             |  | <input type="checkbox"/> Change         |
|              |                             |  | <input type="checkbox"/> Add            |
|              |                             |  | <input type="checkbox"/> Remove         |
|              |                             |  | <input type="checkbox"/> Change         |

FILED  
2020 JAN 14 PM 1:08  
PARRISH, FL

2016 JAN 14 PM 1:03

77-1000

2019 JUN -4 PM 1:03

**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.

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee