

LT 000 200060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

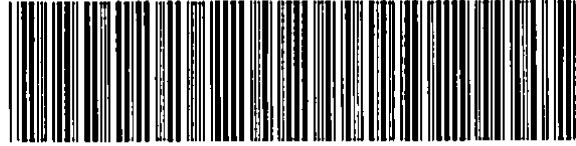
(Business Entity Name)

(Document Number)

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CLERK OF STATE
DIVISION OF CORPORATIONS
19 DEC -2 AM 9:51

JAN 09 2020
C McNAIR

COVER LETTER

**Registration Section
Division of Corporations**

SUBJECT: Medical Communications LLC

Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Al Staropoli

Name of Person

Medical Communications LLC

Firm/Company

8553 Boca Glades Blvd. W Ste. A

Address

Boca Raton, FL 33434

City/State and Zip Code

al@themedicalcommunications.com

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

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DIVISION OF CORPORATIONS
19 DEC -2 AM 9:51

For further information concerning this matter, please call:

Staropoli

Name of Person

202 320-8040
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$0.00 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**

FILED STATE
DIVISION OF CORPORATIONS
19 DEC -2 PM 9:51

Medical Communications LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on September 27, 2017 and assigned
document number L17000200060.

amendment is submitted to amend the following:

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

Medical Communications and Marketing LLC

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

new principal offices address, if applicable:

Remains the same

principal office address MUST BE A STREET ADDRESS)

new mailing address, if applicable:

Remains the same

mailing address MAY BE A POST OFFICE BOX)

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:

Remains the same

New Registered Office Address:

Remains the same

Enter Florida street address

_____, **Florida** _____
City Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is amended 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

R = Manager
BR = Authorized Member

BR = Authorized Member

| | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--|---------------------|----------------|---------------------------------|
| | All remain the same | | <input type="checkbox"/> Add |
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