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DIVISION OF CORPORATION  
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SEP 24 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIVEMEDCONNECT, 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:

ANGELA AUSTIN

\_\_\_\_\_  
Name of Person

LIVEMEDCONNECT, LLC

\_\_\_\_\_  
Firm/Company

3909 NE 163RD STREET, SUITE 305

\_\_\_\_\_  
Address

NORTH MIAMI BEACH, FL 33160

\_\_\_\_\_  
City/State and Zip Code

angela@livemedconnect.com

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

For further information concerning this matter, please call:

ANGELA AUSTIN

954 444-2961

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

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

LIVEMEDCONNECT, 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 FEBRUARY 7, 2018 and assigned Florida document number L18000034216.

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:

(Principal office address MUST BE A STREET ADDRESS)

3909 NE 163RD STREET

SUITE 305

NORTH MAIMI BEACH, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3909 NE 163RD STREET

SUITE 305

NORTH MAIMI BEACH, FL 33160

**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:

Angela Austin

New Registered Office Address:

3909 NE 163RD STREET, SUITE 305

*Enter Florida street address*

NORTH MIAMI BEACH

*City*

Florida 33160

*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>
AMBR	ANGELA AUSTIN	3909 NE 163RD STREET	<input checked="" type="checkbox"/> Add
		SUITE 305	<input type="checkbox"/> Remove
		N MIAMI BEACH, FL 33160	<input type="checkbox"/> Change
AMBR	KARINA BELKIN	3909 NE 163RD STREET	<input checked="" type="checkbox"/> Add
		SUITE 305	<input type="checkbox"/> Remove
		N MIAMI BEACH, FL 33160	<input type="checkbox"/> Change
MGR	ELINA V SIBONY	3909 NE 163RD STREET	<input type="checkbox"/> Add
		SUITE 305	<input type="checkbox"/> Remove
		N MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Change
MGR	GILMAN, VADIM	2626 HOMECREST AVE	<input type="checkbox"/> Add
		APT 3P	<input checked="" type="checkbox"/> Remove
		BROOKLYN, NY 11235	<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

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

18 SEP 20 AM 10:55  
DIVISION OF CONSTITUTIONAL  
SECURITY OF SOUTH  
AFRICA

**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

September 7, 2018

Signature of a member or authorized representative

ANGELA ADUSTIN

ANGELA JUSTIN

Typed or printed name of signee