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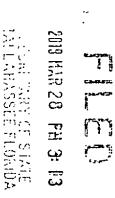
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COVER LETTER

Divi	sion of Cor	porations			
SUBJECT:	CURELOG	RELOGICS WOUND CARE AND HYPERBARIC L.L.C Name of Limited Liability Company			
		Name of Earl	ned Erabinity Company		
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		MOHIT KUMAR			
		CPAS, TAXES AND ASS	Name of Person OCIATES PC		
		303 FIFTH AVENUE, SU	Firm/Company ITE 1205		
		Address NEW YORK, NY 10016			2010
		MOHIT@CPASANDTAX			2019 HAR 26
For further in	formation co	e-mail address: (to be used for future annual report notificall:	ation)	19 cg 1
MOHIT KUN	MAR, CPA		212 684-2727 at ()		(1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
	Name of	f Person		Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of Certified Copy (additional copy i	Status & y
		ING ADDRESS:	STREET/COURIE	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CURELOGICS WOUND CARE AND HYPERBARIC L.L.C.

(Name of the Limi	ited Liability Company (A Florida Limited Liab	as it now appears on our olity Company)	records.)
The Articles of Organization for this Limited L Florida document number L18000108861	Liability Company we	ere filed on <u>05/04/2018</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabilit	y company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		22
The Articles of Organization for this Limited Liability Company were filed on O5/04/2018 and assigned Florida document number L18000108861 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailling address if applicable: (Mailling address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: CARDIAC AND VASCULAR CONSULTANTS M.D. P.A Enter Florida 32162 City Florida 32162 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 his document is being filed to merely reflect a change in the registered agine as provided for in Chapter 605, F.S. Or, if his document is being filed to merely reflect a change in the registered agine as provided for in Chapter 605, F.S. Or, if his document is being filed to merely reflect a change in the registered agine as provided for in Chapter 605, F.S. Or, if his document is being filed to merely reflect a change in the registered agine as provided for in Chapter 605, F.S. Or, if his document is			
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(Mailing address MAY BE A POST OF FICE	<u>: BOA)</u>		્ છે
registered agent and/or the new registered of	office address here:		
Florida document number L18000108861 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 "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MUST BE A STREET ADDRESS) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: CARDIAC AND VASCULAR CONSULTANTS M.D., P.A			
New Registered Office Address:	1050 OLD CAME		
	THE VILLAGES	Cin	, Florida 32102
		City	zy con
provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete po gistered agent as pro registered office ac	rformance of my du ovided for in Chapte.	ties, and I am familiar with and r 605, F.S. Or, if this document is

Page 1 of 3

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>	Address	Type of Action
AMBR	CARDIAC AND VASCULAR CONSULTANTS M.D., P.A.	1050 OLD CAMP ROAD THE VILLAGES, FL 32162	■ Add
		·	☐ Remove
	CHRINIC ANCELL LIBA DAYA		☐ Change
AMBR	SHRINKANTH UPADYA		
		5640 SPINNAKER LOOP LADY LAKE, FL 32159	■ Remove
	VISHNU YELAMANCHI		Change
AMBR	VISHNO TELAMANCHI		D Add
		400 LAKE POINTE BLVD MOUNT DORA, FL 32757	■ Remove
			Change
AMBR	NORMAN SALDUA NOVIS		298 HAR 2
		1008 MYRTLE BREEZES CT FRUITLAND PARK, FL 34731	Remove T
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