

L18000146713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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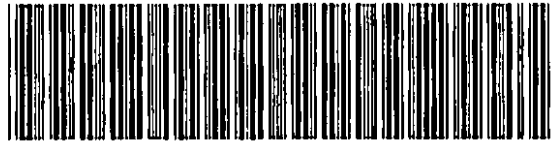
(Business Entity Name)

(Document Number)

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2022 JUL 29 AM 11:42

SECONDARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EVOLVES VASCULAR LAB, 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:

Penny K. Every

Name of Person

Jeffrey C. Sweet, Esquire

Firm/Company

595 W. Granada Blvd., Suite A

Address

Ormond Beach, FL 32174

City/State and Zip Code

penny.every@jsweetlaw.com

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

For further information concerning this matter, please call:

Penny K. Every

386

676-5669

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 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

2022 JUL 29 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FL

EVOLVES VASCULAR LAB, 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 June 13, 2018 and assigned
Florida document number L18000146213.

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:

(Principal office address MUST BE A STREET ADDRESS)

1240 West Granada Boulevard

Ormond Beach, FL 32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1240 West Granada Boulevard

Ormond Beach, FL 32174

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:

H. James Wang, M.D.

New Registered Office Address:

1240 West Granada Boulevard

Enter Florida street address

Ormond Beach

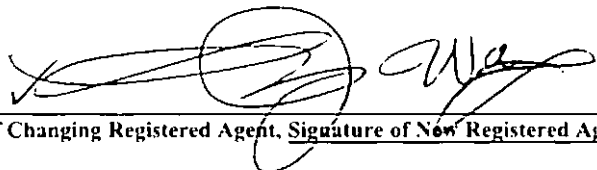
City

Florida 32174

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>
MGR	H. James Wang, M.D.	1240 West Granada Boulevard	<input checked="" type="checkbox"/> Add
		Ormond Beach, FL 32174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John B. Holt	588 Sterthaus Drive	<input type="checkbox"/> Add
		Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	William H. Johnson, III	588 Sterthaus Drive	<input type="checkbox"/> Add
		Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2022 JUL 29 AM 11:42
SECONDARY
TALLAHASSEE, FL

2022 JUL 29 AM 11:42
SIOUX FALLS
TALLAHASSEE FL

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(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)

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 July 15, 2022

Signature of a member or authorized representative of a member

H. James Wang, M.D.

Typed or printed name of signee

Filing Fee: \$25.00