

K180000175371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
2021 NOV -8 PM 3:44

A. BUTLER

NOV 18 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AgeMD, 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:

Ralph Smith

Name of Person

AgeMD, LLC

Firm/Company

13529 Westshire Drive

Address

Tampa, Florida 33618

City/State and Zip Code

ralph@agemd.com

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

For further information concerning this matter, please call:

Ralph Smith

813 728-7385
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**

AgeMD, LLC

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

2021 NOV -8 PM 3:44

The Articles of Organization for this Limited Liability Company were filed on 7/20/2018 and assigned
Florida document number L18000175371.

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:

13529 Westshire Drive

(Principal office address MUST BE A STREET ADDRESS)

Tampa, Florida 33618

Enter new mailing address, if applicable:

13529 Westshire Drive

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, Florida 33618

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:

New Registered Office Address:

Enter Florida street address

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

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	MARKOWITZ, BRETT	16122 BRECON PALMS PL	<input type="checkbox"/> Add
		TAMPA, FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NIELSEN, BRANDEE	13529 WESTSHIRE DRIVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Ralph Smith
Signature of a member or authorized representative of a member

Ralph Smith

Typed or printed name of signer