

L18000 175 442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

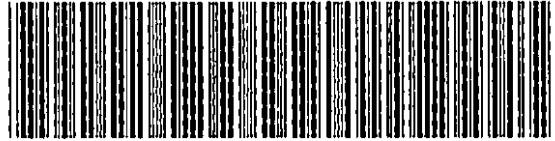
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 APR 17 PM 10:08
DEPARTMENT OF STATE
OFFICE OF COMMERCE
WASHINGTON, D.C.

APR 29 2020
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: YOULY SURGICAL 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:

ANDRE SCATTOLIN FAURE

Name of Person

Youly Surgical LLC

Firm/Company

244 Biscayne Blvd. Apt 1004

Address

Miami, FL 33132

City/State and Zip Code

andrefaure@outlook.com

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

For further information concerning this matter, please call:

Andre S. Faure

941 9627040
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

YOUPLY SURGICAL 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 07/20/2018 and a signed
Florida document number L18000175442

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)

1201 6th Ave W - Suite 100

Bradenton, FL 34205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

244 BISCAYNE BLVD. APT 1004

MIAMI, FL 33132

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:

ANDRE S. FAURE

New Registered Office Address:

244 Biscayne Blvd. Apt 1004

Enter Florida street address

Miami

City

Florida 33132

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.

André S. Faure
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	ANTONIO PATERNOSTRO	10527 VERSAILLES BLVD	<input checked="" type="checkbox"/> Add
		WELLINGTON, FL 33449	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANNE SCATTOLIN FAURE	130 RIVIERA DUNES WAY, APT 901	<input type="checkbox"/> Add
		PALMETTO, FL 34221	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDRE SCATTOLIN FAURE	244 BISCAYNE BLVD, APT 1004	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input type="checkbox"/> Remove
			<input checked="" 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
			<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.)*

[illegible]

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 APRIL 1, 2020

Signature of a member or authorized representative of a member

ANDRE SCATTOLIN FAURE

Typed or printed name of signer