

18000 264 147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

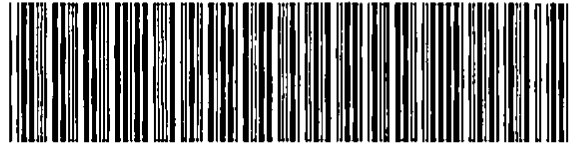
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2019 MAR - 1 P 12 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 11 2019
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL LICENSING GROUP 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:

Vasyl Ivaniuk

Name of Person

Medical Licensing Group LLC

Firm/Company

1912 Isabella Ave.

Address

Panama City/ Florida / 32405

City/State and Zip Code

info@medicallicensing.com

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

For further information concerning this matter, please call:

Vasyl Ivaniuk

850

5333459

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2019

VASYL IVANIUK
1912 ISABELLA AVE
PANAMA CITY, FL 32405

SUBJECT: MEDICAL LICENSING GROUP LLC.
Ref. Number: L18000264147

We have received your document for MEDICAL LICENSING GROUP LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 219A00003828

Affidavit

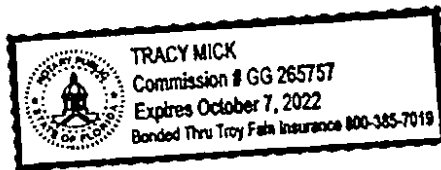
I Sergii Iurasov, previous owner of Medical Licensing LL
Document number L18000237213, incorporated at
1912 Isabella Ave., Panama City, FL, 32405 and was dissolved
on 01/23/2019. Would like to release and transfer Medical
Licensing LLC name to Medical Licensing Group LLC,
Document number L18000264147, incorporated at
1912 Isabella Ave., Panama City, FL, 32405.

X

State of Florida, County of Bay

Sworn to and subscribed before me this 20 day of
February, 2019 by
Sergii Iurasov
who produced FL ID as
identification.

Notary Public:



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

FILED

Medical Licensing Group LLC

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

2018 MAR -1 PM 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11/13/2018

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L18000264147.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Medical Licensing LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

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.

Dated February 11 28 2019

Sergii Iurasov
Typed or printed name of signee