

L18000275839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

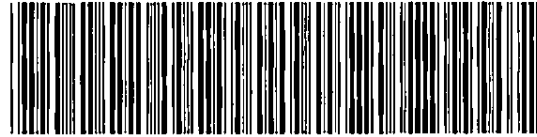
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SECRETARY OF STATE  
TALLAHASSEE, FL

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**WALK IN**

**PICK UP:** 7/19 DANNY

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**LLC AMEND**

**1. TASMIN MED LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

JUL 19 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FL

YASMIN MED 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 11/29/2018 and assigned  
Florida document number 118000275839.

This amendment is submitted to amend the following:

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

NOT APPLICABLE

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

GOWRIBAI ANBALAGAN

New Registered Office Address:

13726 LAKE CAWOOD DRIVE

Enter Florida street address

WINDERMERE

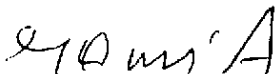
City

Florida 34786

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 603, 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>
MMGM	CHENNAA, ABDELMAJID	6174 TIVOLI GARDENS BLVD.,	<input type="checkbox"/> Add
		ORLANDO, FL 32829	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMBR	ANANTHULA, PRAVEEN	11413 WAKEWORTH STREET	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMBR	RAMPERSAD, RAMESH	1813 VALLEY RIDGE LOOP	<input checked="" type="checkbox"/> Add
		CLERMONT, FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMBR	ANBALAGAN, GOWRIBAI	13726 LAKE CAWOOD DRIVE	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<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.)*

Liability: ABDELMAJID CHENNAA IS RESPONSIBLE FOR ANY LIABILITY UP TO THE DATE OF THIS  
AMENDMENT. POST SUCH DATE HE IS NEITHER RESPONSIBLE FOR ANY ACT OF THE CORP. NOR  
INVOLVED IN ANY AFFAIRS OF THIS CORPORATION.

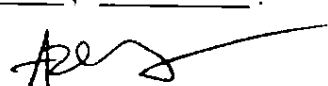
**E. Effective date, if other than the date of filing:** June 1, 2022 (optional)

*(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 06/01, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Praveen Ananthula

\_\_\_\_\_  
Typed or printed name of signee