## 11900000 23022

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## **COVER LETTER**

,	gistration Sec ision of Corp				
SUBJECT:	L Medical M	1inds, LLC			
Name of Limited Liability Company					
The enclosed	l Articles of A	Amendment and fee(s) are subt	mitted for filing.		
Please return	all correspor	ndence concerning this matter t	to the following:		
		Randy M. Goldberg, Esquir	re		
			Name of Person		
		Randy M. Goldberg & Asso	ociates, PLLC		
			Firm/Company		
		11901 SW 71st Ave			
			Address	<del></del>	
		Plantation, FL 33317			
		randy@randygoldberglaw.co	City/State and Zip Code om		
		E-mail address: (t	o be used for future annual report notific	cation)	
For further in	nformation co	ncerning this matter, please ca	H:		
Randy M. G	oldberg, Esqu	nire	754 224-0867		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	a check for the	e following amount:			
<b>■</b> \$25.00 F	iling 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



L MEDICAL MINDS, LLC	mpany as it now appears on our records.)
(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)
(A Fiorida Lana	ned Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{1/22/19^{-1}}{2}$ and assigned
Florida document number 119000023022	
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 1	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	<u> </u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the name</u> 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>	Type of Action
AMBR	LINDA ACCETTA	127 E. PALMETTO PARK ROAD	
		BOCA RATON, FL 33432	
			Remove
			Change
PRES	LINDA ACCETTA	127 E. PALMETTO PARK ROAD	
			<b>B</b> Add
		BOCA RATON, FL 33432	_
			Remove
			Change
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in effective date i ote: If the date	f other than the consisted, the date must inserted in this blockive date on the Dep	be specific and canno ck does not meet th	ot be prior to date of ne applicable statu	filing or more than 90 story filing requirer	(optional) days after filing.) Pursuments, this date will n	iant to 605.0207 (3 ot be listed as th
	ifies a delayed y after the reco		but not an eff	ective time, at	12:01 a.m. on th	ne earlier of:
January 30	. 2019					

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Typed or printed name of signce

Filing Fee: \$25.00