# 49000023529

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## **COVER LETTER**

Division of Cor	porations	
FIRST DU	E MEDICAL LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	KELLY ANN MARQUART	
	Name of Person	
	FIRST DUE MEDICAL LLC	
	Firm/Company	
	6105 SALT RD	
	Address	
	CLARENCE, NY 14031	
	City/State and Zip Code	
	kellymarquart@hotmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please call:	
KELLY ANN MARQUA	ART 716 864-6894	
Name o	at ()  Area Code Daytime Telephone Number	
Enclosed is a check for th	ne following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

**Registration Section** 

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

FIRST DUE MEDICAL LLC						
( <u>Name of the Limited Liability</u> (A Florida Li	Compar imited L	ny as it now appears on our records iability Company)	.)			
The Articles of Organization for this Limited Liability Con Florida document number L19000023529	mpany	were filed on 01/22/2019	·	and ass	igned	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	<u>d liabi</u>	lity company here:				
The new name must be distinguishable and contain the words "Limited	d Liabili	ty Company," the designation "LLC"	or the abbrevia	ation "L!	L.C."	
Enter new principal offices address, if applicable:		111 N 2nd Street				
• • • • • • • • • • • • • • • • • • • •		Suite 104				
		Fort Pierce, FL 34950	1			
If amending name, enter the new name of the limited liable new name must be distinguishable and contain the words "Limited Liable ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address her Name of New Registered Agent:  KELLY ANN		111 N 2nd Street		JUL 61	<u>.11</u>	
		Suite 104	<i>ن ا</i> راد ا	2	1	
		Fort Pierce, FL 34950	• •	2	1)	
B. If amending the registered agent and/or register	red of	fice address on our records,	enter the	∵ name	of the nev	
registered agent and/or the new registered office addres	ss here	:				
Name of New Registered Agent: KELLY	ANN N	MARQUART				
New Registered Office Address: 111 N 2r	nd Stree	t, Suite 104				
	•	Enter Florida street address			<del></del> -	

#### 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.

City

Fort Pierce

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>	Address	Type of Action
MGR	TIMOTHY MAGEE	20 THIRD ST SW	
		STE 205	■ Remove
		WINTER HAVEN, FL 33880	☐ Change
MGR	KELLY ANN MARQUART	6105 SALT RD	<b></b> Add
		CLARENCE, NY 14031	☐ Remove
			☐ Change
			□ Remove
			☐ Change
		<del> </del>	Add
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an effection	ve date, if other than the date of filing:	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	lier d
	1/0/19	
ated _	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00