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S. YOUNG

## **COVER LETTER**

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enn m		dical Solutions, LLC		•
SUBJEC	_1: <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Richard Kovacsik		
			Name of Person	<del></del>
		Kovak Capital, LLC		
			Firm Company	<del></del>
		217 Altamonte Commerce	Blvd., Ste 12016	
			Address	
		Altamonte Springs, FL 32	714	
		<del></del>	City/State and Zip Code	
		Kovakmarketing@gmail.co	m to be used for future annual report notif	· · · · · · · · · · · · · · · · · · ·
For furth	ner information of	concerning this matter, please c	·	neanony
Richard	Kovacsik		407 725-3840	
	Name c	of Person	at () Area Code Daytime	e Telephone Number
Enclosed	l is a check for the	he following amount:		
<b>■</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	
	Registration ! Division of C		Registration Sec Division of Cor	
	P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kovak Medical Solutions, 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 February 21, 2019 Florida document number 1.19000051482 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kovak Capital, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 217 Altanionte Commerce Blvd., Ste 1206 Enter new principal offices address, if applicable: Altamonte Springs, FL 32714 (Principal office address MUST BE A STREET ADDRESS) P.O. Box 950791 Enter new mailing address, if applicable: Lake Mary, FL 32795 (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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Altamonte Springs

217 Altamonte Commerce Blvd., Ste 1206

City

Enter Florida street address

, Florida 32714

Zip Code

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

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an effective date is I	isted, the date must be suserted in this block d	pecific and cannot b	e prior to date of fil	ling or more than 90	days after filing.) Purs	mant to 605,0207
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