## 119000061282

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:





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## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT: The	Micro Bro	w LLC .	
SUBJECT.		ited Liability Company	<del></del>
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Samo	Name of Person	
		Name of Person	, <u></u>
		Firm/Company	
	10005 11/	Oslamal Do #	274
	15903 W.C	Colonical Dr #	<u> </u>
			_
	Winter Gara	den, FL 3478 The Micro Clinic to be used for future annual report notific	7
	Saman Hoal	City/State and Zip Code	:5 (200
	E-mail address: (	to be used for future annual report notific	$\frac{1}{1}$ ation)
For further information cond			
		,	
Samantha M	Jig10	at (407 ) 404 - 98	14
Name of Pe	erson	Area Code Daytime I	Celephone Number
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sec		Registration Section	
Division of Cor	porations	Division of Corpo	orations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900061282</u> .	were filed on $03/04/2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile.  The Micro Clinics LLC  The new name must be distinguishable and contain the words "Limited Liabile."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7335 W. SANDLAKE RD 4A Orlando, FL 32819
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1390S W. Colonial Dr 274 Winter Garden, Fl 34787
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registers
Name of New Registered Agent:	V/A
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street address  Florida  City: Zip Code
new wegisteren waent a aignature, ir enauging wegisteren waent:	

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
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	* Only Amending Bo Business Name.	
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n effec ote: If	ate, if other than the date of filing:  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 605.0 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.	
ecord :	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to	he
ted _	January 10, 2022	
	Signature of a member or authorized representative of a member	