

L19000 063 865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

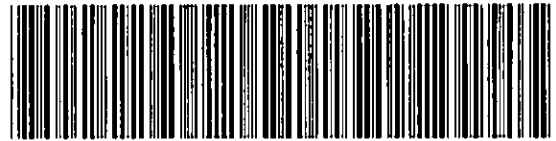
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/25/19--01037--016 **50.00

FILED
2020 JAN 13 PM 3:50
FALLS CHURCH, VA

JAN 13 2020
C Kinsey



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2019

DONNIE BRAWLEY
201 S 2ND ST STE 210
FT PIERCE, FL 34950

SUBJECT: MEDICAL IMPRESSIONS LLC
Ref. Number: L19000063865

We have received your document for MEDICAL IMPRESSIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 919A00026228

2020 JAN 13 PM 12:14

DEPT OF STATE

www.sunbiz.org

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Medical Impressions LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donnie Brawley

Name of Person

Medical Impressions LLC

Firm/Company

201 S. 2nd Street Suite 210

Address

Ft. Pierce, FL 34950

City/State and Zip Code

medicalimpressions124@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donnie Brawley

561 405 - 0563
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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**

Medical Impressions 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 03/06/2019 and assigned
Florida document number L19000063865.

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 Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

201 S. 2nd Street

Suite 210

Ft. Pierce, FL 34950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

201 S. 2nd Street

Suite 210

Ft. Pierce, FL 34950

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:

Donnie Brawley

New Registered Office Address:

201 S. 2nd Street Suite 210

Enter Florida street address

Ft. Pierce

City

Florida 34950

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>	<u>Type of Action</u>
MGR	Raheel Naviwala	124 N. 2nd Street	<input type="checkbox"/> Add
		Suite 7	<input checked="" type="checkbox"/> Remove
		Ft. Pierce, FL 34950	<input type="checkbox"/> Change
MGR	Donnie Brawley	201 S. 2nd Street	<input checked="" type="checkbox"/> Add
		Suite 210	<input type="checkbox"/> Remove
		Ft. Pierce, FL 34950	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 11-21-19.

Donald Dewberry

Signature of a member or authorized representative of a member

Donnic Brawley

Dannie Brawley
Typed or printed name of signee

Typed or printed name of signer