

L19 000064387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

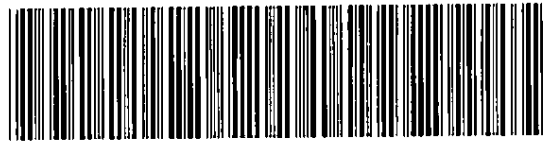
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SECRETARY OF STATE
CORPORATIONS
19 DEC 10 PM 5:54

Amend

DEC 11 2019

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ENVISION LIFE MEDICAL 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:

Fernando Mendez

Name of Person

ENVISION LIFE MEDICAL LLC

Firm/Company

9146 NW 37th PL

Address

Coral Springs, FL 33065

City/State and Zip Code

fernando@upshotdigital.com

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

For further information concerning this matter, please call:

Fernando Mendez

954

415-1504

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

2019 OCT 25 PM 3:30

RECEIVED

RECEIVED
STATE
DIVISION OF CORPORATIONS
19 DEC 10 PM 5:51



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2019

FERNANDO MENDEZ
ENVISION LIFE MEDICAL LLC
9146 NW 37TH PL
CORAL SPRINGS, FL 33065

SUBJECT: ENVISION LIFE MEDICAL LLC
Ref. Number: L19000064387

We have received your document for ENVISION LIFE MEDICAL LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 519A00023647

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ENVISION LIFE MEDICAL 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 L19000064387.

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 "L.L.C."

Enter new principal offices address, if applicable:

101 N US HWY 1

(Principal office address MUST BE A STREET ADDRESS)

STE 207

FORT PIERCE, FL 34950

Enter new mailing address, if applicable:

101 N US HWY 1

(Mailing address MAY BE A POST OFFICE BOX)

STE 207

FORT 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:

New Registered Office Address:

101 N US HWY 1 STE 207

Enter Florida street address

FORT PIERCE

Florida 34950

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>	<u>Type of Action</u>
MGR	MENDEZ, FERNANDO	101 N US HWY 1	<input type="checkbox"/> Add
		STE 207	<input type="checkbox"/> Remove
		FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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.

October 22nd, 2019

Fernando Mendez

Typed or printed name of signee