

L19 0000 77448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

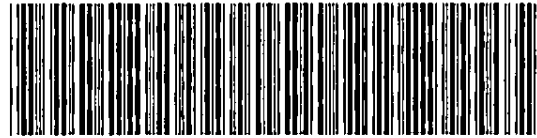
(Business Entity Name)

(Document Number)

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12/30/19--01031--022 **25.00

R. WHITE

JAN 28 2020

2:56 30 PM 3:02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U.S.A. UNITED SURGICAL ASSISTANT'S 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:

JOHN DUMAS
Name of Person

USA UNITED SURGICAL ASSISTANT'S LLC
Firm/Company

745 PORTA ROSA CIRCLE
Address

ST. AUGUSTINE, FL 32092
City/State and Zip Code

SNOWRIDERJMD@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Dumas at (586) 764 7252
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2100 30 PM 3:02

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please REMOVE MY NAME John DUMAS OFF THIS
BUSINESS ENTITY, INCLUDING ~~THE~~ MY NAME OFF THE
FICTITIOUS NAME AS WELL.

E. Effective date, if other than the date of filing: 12/14/2019 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12/16/2019

John Dumas
Signature of a member or authorized representative of a member

John Dumas
Typed or printed name of signee