

L19000088620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

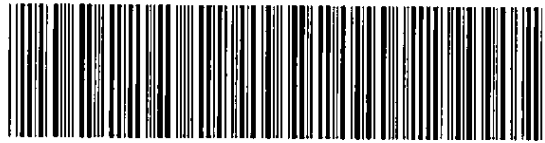
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2513 MAY 31 A 8:06

06/03/19--01001--002 \*\*25.00

STATE  
OFFICE OF CORPORATION  
TALLAHASSEE, FLORIDA

19 MAY 31 PM 3:32

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D SCOTT

MAY 31 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Zenith Perfusion 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:

MOHAMMED T. MURAD

Name of Person

Firm/Company

1400 Village Square Blvd #326

Address

City/State and Zip Code

ZenithPerfusion@gmail.com

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

For further information concerning this matter, please call:

Mohammed Murad

Name of Person

at (248)

Area Code

894 3355

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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Zenith Perfusion LLC

Page 1 of 3

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>
AMBR	Summer Nicole Pizzuti	1400 Village Square Blvd # 326 Tallahassee FL 32312	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FBI - NEW YORK

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**T**

(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)

(b) The 90th day after the record is filed.

Dated May 31st, 2019

Signature of a member or authorized representative of a member

MOHAMMED Tarek Murad

Typed or printed name of signee