

L19000108513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

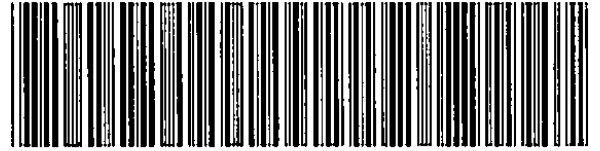
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S TALLENT
JUN 03 2019

FILED
2019 MAY 16 PM 4:56
SECURITY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MERICAL INVESTMENTS (LIMITED) LIABILITY COMPANY
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:

Amy Sweat
Name of Person
MERICAL INVESTMENTS.
Firm/Company
2375 WILLOW DROP WAY
Address
OUIEDO, FL. 32766
City/State and Zip Code
AMY SWEAT @ YAHOO.COM ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Sweat at (407) 492-7500
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

MEDICAL INVESTMENTS, LIMITED LIABILITY COMPANY
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
<u>MGR</u>	<u>Amy Sweat</u>	<u>2375 Willow Drop Way</u>	<input checked="" type="checkbox"/> Add
		<u>Oviedo, Fl. 32766</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Jeff Sweat</u>	<u>2375 Willow Drop Way</u>	<input checked="" type="checkbox"/> Add
		<u>Oviedo, Fl. 32766</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[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.

~~Signature of a member or authorized representative of a member~~

Typed or printed name of signee