

7/10/2020

L19000175072

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000219290 3)))



H200002192903ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FL PATEL LAW PLLC
Account Number : 120170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

FILED
2020 JUL 10 AM 10:50

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Manningmd@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HEALMI TECHNOLOGIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Amend

JUL 18 2020

I ALBRITTON

RECEIVED
2020 JUL 10 PM 4:09

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Healmi Technologies, 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:

Kalpesh Patel

Name of Person

FL Patel Law PLLC

Firm/Company

360 Central Avenue, Suite 800

Address

Saint Petersburg, FL 33701

City/State and Zip Code

Kalpesh@flpatellaw.com

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

For further information concerning this matter, please call:

Kalpesh Patel

727 279-5037
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 Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Healmi Technologies, LLC

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

FILED
2020 JUL 10 AM 10:50

The Articles of Organization for this Limited Liability Company were filed on July 17, 2019 and assigned
Florida document number L19000175072.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Wound Care Holdings, LLC

New Registered Office Address: 288 Beach Drive NE; APT 7C
Enter Florida street address

Saint Petersburg, Florida 33701
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.

Michael Manning

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	3R Ventures, LLC	401 East Jackson Street	<input type="checkbox"/> Add
		Suite 3550	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33602	<input type="checkbox"/> Change
MGR	Wound Care Holdings, LLC	288 Beach Drive NE	<input checked="" type="checkbox"/> Add
		APT 7C	<input type="checkbox"/> Remove
		Saint Petersburg, FL 33701	<input type="checkbox"/> Change
MGR	The Devin Group, LLC	3605 West De Leon Street	<input checked="" type="checkbox"/> Add
		Tampa, FL 33609	<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

