

7/27/22

219 000 185 079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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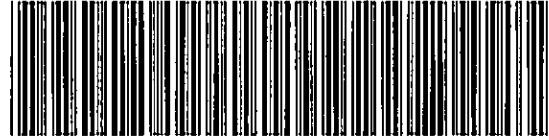
(Business Entity Name)

(Document Number)

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2022 JUL 27 AM 9:38

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** One Stop Medical Shop

\_\_\_\_\_  
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:

Patrick Smith

\_\_\_\_\_  
Name of Person

One Stop Medical Shop

\_\_\_\_\_  
Firm/Company

421 Lithia Pinecrest Rd

\_\_\_\_\_  
Address

Brandon, Florida 33511

\_\_\_\_\_  
City/State and Zip Code

Patrick@onestopmedspa.com

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

For further information concerning this matter, please call:

Patrick Smith

727 486-6564  
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**

FILED

One Stop Medical Shop LLC

2022 JUL 27 AM 9:38

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

SE  
TALLAHASSEE, FL 32317

The Articles of Organization for this Limited Liability Company were filed on 03/22/2022 07/18/2019 and assigned  
Florida document number L19000185079

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:**

421 Lithia Pinecrest Rd

**(Principal office address MUST BE A STREET ADDRESS)**

Brandon, Florida 33511

**Enter new mailing address, if applicable:**

421 Lithia Pinecrest Rd

**(Mailing address MAY BE A POST OFFICE BOX)**

Brandon, Florida 33511

**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:

Patrick Smith

New Registered Office Address:

421 Lithia Pinecrest Rd

*Enter Florida street address*

Brandon

Florida 33511

*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	Kelley Maxwell	5174 Wood Circle E	<input type="checkbox"/> Add
		Lakeland, FL 33805	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kelley Maxwell	5174 Wood Circle E	<input type="checkbox"/> Add
		Lakeland, FL 33805	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Patrick Smith	5174 Wood Circle E	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Patrick Smith	5174 Wood Circle E	<input checked="" type="checkbox"/> Add
		Lakeland, Florida 33805	<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

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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 July 25 2022

*[Signature]*

Signature of a member or authorized representative of a member

Patrick L Smith

Typed or printed name of signee

**Filing Fee: \$25.00**