

L19 000254455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

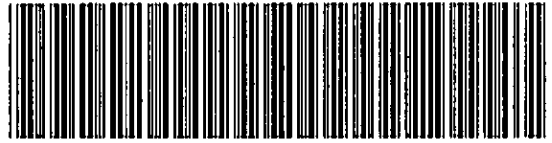
(Business Entity Name)

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A. RIVERS
MAR - 8 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Medplaspro, 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:

Joseph Smith
Name of Person

Medplaspro, LLC.
Firm/Company

4741 14th St. SE
Address

Naples, FL 34117
City/State and Zip Code

jsmith@medplaspro.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Smith at (484) 824-4364
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

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.	Jennifer Behrens	723 Commerce Dr, Unit D	<input type="checkbox"/> Add
		Venice FL 34292	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr.	Brian Schmidt	723 Commerce Dr, Unit D	<input type="checkbox"/> Add
		Venice, FL 34292	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr.	Michael Krotowski	723 Commerce Dr, Unit D	<input type="checkbox"/> Add
		Venice, FL 34292	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: Date of Filing (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 July 15, 2022.

Jennifer Behrens
Signature of a member or authorized representative of a member

Jennifer Behrens
Typed or printed name of signee