

L19 000254455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

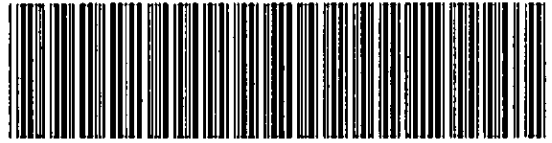
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEC. OF STATE
FALLS CHURCH, VA

FILED

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Medplaspro, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/14/2020 and assigned Florida document number L19000254455

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)

4741 14th St. SE
Naples, FL 34117

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4741 14th St. SE
Naples, FL 34117

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:

Joseph Smith

New Registered Office Address:

4741 14th St. SE

Enter Florida street address

Naples
City

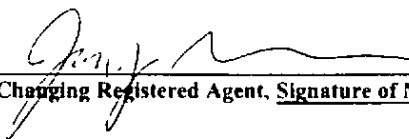
Florida

34117
Zip Code

FILED
2022 DEC 19 AM 10:00
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
SARASOTA, FLORIDA

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.	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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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