## 119 000 156 180

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2019 PEC 23 AH 10: 19

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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

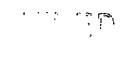
Division of Co	rporations		
	y Medical Services, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nielly Tracy Melville		
	<del></del>	Name of Person	
	Nielly Tracy Medical Serv	ices, LLC.	
		Firm/Company	<del></del>
	2114 NW 49th Avenue		
		Address	
	Coconut Creek, Florida 33	063	
		City/State and Zip Code	* · · · · · · · · · · · · · · · · · · ·
	Niellymelville@yahoo.com	1	
	E-mail address: (	to be used for future annual report r	notification)
For further information of	concerning this matter, please c	all:	
Nielly Melville		954 988-0979	
Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	ho fallowing amount:		
			C on on Pir P
■ \$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 Addre		Street Address	
Registration Division of C		Registration Division of C	
Division of C	zorporations	Division of C	orporations .

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2819 PTO 23 ATHO: 19

Nielly Tracy Medical Services, LLC.			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now apprited Liability Compan	pears on our records.)	<del></del>
The Articles of Organization for this Limited Liability Comp Florida document number	any were filed on	October 11, 2019	and assigned
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 I	iability Company," tl	he designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
	<del></del>	<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on ou	r records, enter the	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Fertoe	Florida street address	
	13,110, 1		
	City	Florid	2 Zıp Code
New Registered Agent's Signature, if changing Registered Ag			,
I hereby accept the appointment as registered agent and		nis capacity. I furthe	er agree to comply with the

Thereby 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>	Address	Type of Action
AMBR	Nielly Tracy McIville	2114 NW 49th Avenue, Coconut Creek, FL 33063	
			□Remove
			□Change
AMBR	James E Edwards	2114 NW 49th Avenue, Coconut Creek, FL 33063	■Add
			□Remove
			□Change
			□Add
			Remove
		**************************************	Change
<del></del>			🗆 Add
			□Remove
			□Change
<u></u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

## Page 2 of 3

Effective date, if other than the date of filing:  (It 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 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated  Signature of a member or authorized representative of a member  Nielly Melville		
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.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated  Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member		
Nielly Melville	Dated	,,
Nielly Melville		Signature of a member or authorized representative of a member
1716-117 1916-19186		Nielly Melville

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Filing Fee: \$25.00