

219000 275 952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

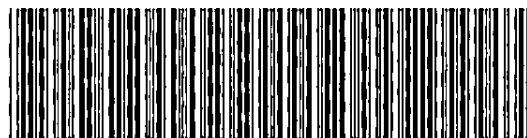
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COVER LETTER

: Registration Section
Division of Corporations

SUBJECT: MedStop, 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:

Ninette Georgi
Name of Person
MedStop, LLC
Firm/Company
2152 Blue Iris PL,
Address
Longwood, FL, 32779
City/State and Zip Code
ninette.georgi@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ninette Georgi at 407 280-6040
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

MedStop, 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 November 05, 2019 and assigned
Florida document number L19000275952

This amendment is submitted to amend the following:

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 "LLC."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

2095 W Fairbanks Ave,
Winter Park, FL, 32789

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

2095 W Fairbanks Ave,
Winter Park, FL, 32789

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:

Same as before → Ninette Georgi

New Registered Office Address:

2095 W Fairbanks Ave,

Enter Florida street address

Winter Park, Florida 32789

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager
MBR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	Albert Georgi	2152 Blue Iris PL, Longwood, FL, 32779	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ninette Georgi	2095 W Fairbanks Ave, Winter Park, FL, 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <i>new address</i> <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Changing of The following

① Principal office address to
2095 W Fairbanks Ave,
Winter Park, FL, 32789

② New mailing Address for The principle office
same as above physical address

③ Removing Authorized member (MGR)
Albert Georgi

④ Adding New Address for Registered member
Ninette Georgi (A MGR)
2095 W Fairbanks Ave, Winter Park, FL, 32789

Effective date, if other than the 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 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 document is filed.

Dated September 24, 2020


Signature of a member or authorized representative of a member

Ninette Georgi
Typed or printed name of signee