

L19000287927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

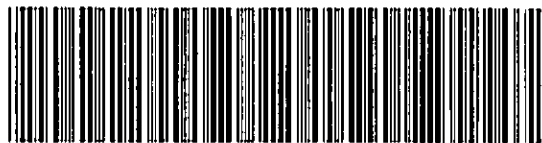
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2020 NOV 13 AM 7:53

FILED

NOV 18 2020

S. YOUNG



2020 OCT 31 10:07:09

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2020

JOHN E MCCULLOUGH  
HEMARUS PLASMA, LLC  
1180 N FEDERAL HIGHWAY PH1504  
FORT LAUDERDALE, FL 33304

SUBJECT: HEMARUS PLASMA FT. PIERCE, LLC  
Ref. Number: L19000287927

We have received your document for HEMARUS PLASMA FT. PIERCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young  
Regulatory Specialist II

Letter Number: 320A00021761

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HEMARUS PLASMA FT. PIERCE, 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:

JOHN E. McCULLOUGH

Name of Person

HEMARUS PLASMA, LLC

Firm/Company

1180 N. FEDERAL HIGHWAY PH1504

Address

FORT LAUDERDALE, FL 33304

City/State and Zip Code

john@mcculloughlawoffice.com

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

For further information concerning this matter, please call:

JOHN E. McCULLOUGH

202 403 9572  
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**

HEMARUS PLASMA FT. PIERCE, 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 19, 2019  
Florida document number L19000287927

FILED  
2020 NOV 13 AM 7:53  
and assigned

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

HEMARUS PLASMA, LLC

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)**

1180 N Federal Highway

PH1504

Fort Lauderdale, FL 33304

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

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

1180 N. Federal Highway

PH1504

Fort Lauderdale, FL 33304

**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:

New Registered Office Address:

Enter Florida street address

Florida

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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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(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)

Dated September 22, 2020

John E McCullough

Typed or printed name of signee