

619000302692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

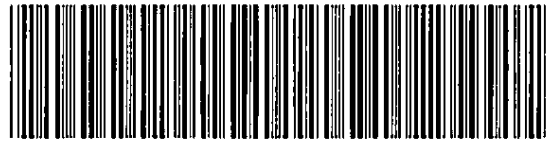
(Business Entity Name)

(Document Number)

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08/29/23--01027--024 **60.00

2023 AUG 29 PM 12:09

A. PARISHANI

SEP 17 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nationwide Medical Programs Institute 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:

Micheline Jn Jacques

Name of Person

Nationwide Medical Programs Institutes LLc

Firm/Company

1221 West Colonial Dr Ste 100

Address

Orlando FL 32804

City/State and Zip Code

nationwidemedical875@gmail.com

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

For further information concerning this matter, please call:

Micheline Jn Jacques

321

347-4378

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

2023 AUG 29 PM 12:09

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

Nationwide Medical Programs Institutes LLc

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

2023 AUG 29 PM 12:09

The Articles of Organization for this Limited Liability Company were filed on 12/12/2019 and assigned Florida document number 19000302692.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1221 West Colonial Dr. Ste 100 , Orlando FL 32804

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:

Hubert Jn Jacques

New Registered Office Address:

1221 West Colonial Dr ste 100

Enter Florida street address

Orlando

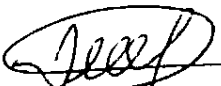
Florida 32804

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

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	Hubert In Jacques	1221 West Colonial Dr. west colonial dr ste 100 Orland	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hubert In Jacques	1221 West Colonial Dr.west Colonial Dr.Ste 100 Orlan	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)

2023 AUG 13 12:09 PM

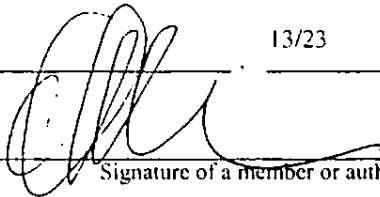
E. Effective date, if other than the date of filing: August 13, 2023 (optional)

(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 August 13/23



Signature of a member or authorized representative of a member

Micheline Jn Jacques

Typed or printed name of signee