## 12000000 3998

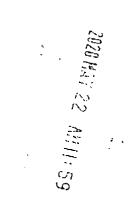
(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Mbrsign	·, ·	

Office Use Only



400338946314

01/15/20--01015--101 \*\*01.11



O SIMMONS MAY 29 2020



February 12, 2020

SULIM KRIMSHTEIN 1800 NE 114TH ST, #1003 N MIAMI BEACH, FL 33181

SUBJECT: SULIM KRIMSHTEIN, MD, LLC

Ref. Number: L20000003998

We have received your document for SULIM KRIMSHTEIN, MD, LLC and your check(s) totaling \$30.00. 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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 920A00003119

. . . . . . i ili

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company		
<b></b>				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Sulim Krimshtein			
		Name of Person	<del></del>	
	Dr. Sulim Krimshtein			
	<del>1</del>	Firm/Company		
	1800 N.E. 114th Street, #1	003		
	·	Address		
	North Miami Beach, Florid	da 33181		
	-	City/State and Zip Code		
	krimshteinmd@bellsouth.ne			
	E-mail address: (	to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
Sulim A. Krimshtein		305 670-0606 at ()		
Name o	f Person	Area Code Daytir	me Telephone Number	
Enclosed is a check for th	ne 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 Addres	-	Street Address:	ection	
Registration Section Division of Corporations		<del>-</del>	Registration Section Division of Corporations	
P.O. Box 632	.7	The Centre of	Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sulim Krimshtein MD, LLC

2620 MAY 22 AHTH: 59

(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  $\frac{12/23/2019}{}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address City

## 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 to 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 adder removed from our records:

MGR = Manager AMBR = Authorized Member

.; .

<u>Title</u>	<u>Name</u>	Address 2020 MAY 22 AH 11: 59	Type of Action
MGR	Sulim A. Krimshtein	1800 N.E. 114th Street	<b>=</b> Add
		#1003	□Remove
		North Miami Beach, Florida 33181	□Change
AMBR Sulim A. Krimshtein	Sulim A. Krimshtein	1800 N.E. 114th Street	<b>≣</b> Add
	#1003	□Remove	
		North Miami Beach, Florida 33181	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

•	
-	2620 HA / 22 PH I2: 00
-	
-	
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
-	
•	
(If an ef <u>Note:</u>	date, if other than the date of filing:  January 10, 2020  (optional)  we 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the case of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the case of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the case of filing or more than 90 days after filing.)
the record is fi	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	nuary 10, 2020
	City M
	Signature of a member or authorized representative of a member

Typed or printed name of signce