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2021 AUG 11 11:24



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

REGISTERED  
2021 AUG -5 PM 3:06

July 16, 2021

MELISSA GIARRATANO  
1922 S.E. PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34952

SUBJECT: 5 STAR MEDICAL CARE LLC  
Ref. Number: L20000040180

We have received your document for 5 STAR MEDICAL CARE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Summer Chatham  
OPS

Letter Number: 421A00016398

(3)

2021 AUG -5 PM 3:06

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5 Star medical care 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:

Melissa Guarraiano  
Name of Person

5 Star medical care LLC  
Firm/Company

1922 SE Port St Lucie Blvd  
Address

Port St Lucie, FL 34952  
City/State and Zip Code

intake @ 5Starmedcare.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Guarraiano at 772 579-0922  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

5 Star medical Care 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 2/3/2020 and assigned Florida document number L200000040180

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)**

**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:

Yohanna Deno  
1922 SE Port St Lucie Blvd  
Enter Florida street address  
Port St Lucie Florida 34952  
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.*

Yohanna Deno MD  
**If Changing Registered Agent, Signature of New Registered Agent**

[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)

11:24

Dated August 3<sup>rd</sup>, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee