

120 000054142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

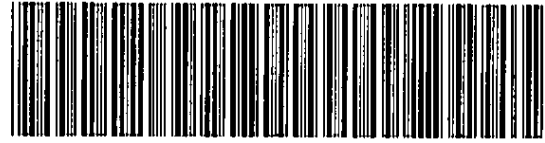
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/06/21--01024--022 **25.00

21 DEC -6 PM 9:13

T. MATTHEWS

DEC 17 2021



ADVANCED VASCULAR
SOLUTIONS

13100 US Highway 1 - Sebastian - FL 32958
www.AVSMedicalGroup.com

Tel. 772-581-8900

Fax: 772-581-4478

Date: 12-02-2021

RE: Filing Fee for Advanced Vascular Solutions, LLC. Amendment to Articles of Organization sent on 12-01-2021

To whom it may concern:

Attached to this letter is the \$25 filing fee which was not included in the previous correspondence to your office. To help facilitate matching the filing fee with the corresponding documents, I have also enclosed a copy of the amendment that was sent certified yesterday.

Sincerely,

Jad Shalhoub

Jad Shalhoub, Member

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Advanced Vascular Solutions, 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:

Jad-Alexander Shalhoub
Name of Person

Advanced Vascular Solutions, LLC.
Firm/Company

13100 US Highway 1
Address

Sebastian, FL 32958
City/State and Zip Code

hala@avsmedicalgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jad-Alexander Shalhoub at (772) 766-6883
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)

Mailine 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**

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Advanced Vascular Solutions, 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 February 17, 2020 and assigned Florida document number L20000054142.

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:

Hala A. Madi-Shalhoub

New Registered Office Address:

13100 US Highway 1

Enter Florida street address

Sebastian


City

Florida 32958

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jad Alexander H Shalhoub	1302 River Reach Drive	<input type="checkbox"/> Add
		Vero Beach, FL 32967 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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E 1/10/02

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: January 1st, 2022 (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 December 15th, 2021

Jad Shalhoub
Signature of a member or authorized representative of a member

Jad-Alexander Hadi Shalhoub

Typed or printed name of signer

Filing Fee: \$25.00
Enclosed