

L20 0000 7177Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

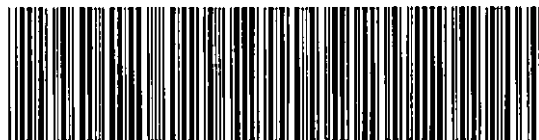
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100348785111

07/27/20--01001--016 **25.00

CLERK OF COURT
DIVISION OF CORPORATIONS
ALL/MARSHALL COUNTY

2020 JUL 27 AM 7:17

FILED

SEP 16 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agni Medical 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:

Elena Vishnyakova
Name of Person

Agni Medical LLC
Firm/Company

10961 Burnt Mill Rd Apt 237
Address

Huntsville, FL 32256
City/State and Zip Code

nancreactor2018@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elena Vishnyakova at (904) 351 8178
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Agni Medical LLC

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

FILED
2020 JUL 27 AM 7:17
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/04/2020 and assigned

Florida document number LA0000071712.

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)

129 Kingfisher Dr
Ponte Vedra Beach FL
32082

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

129 Kingfisher Dr
Ponte Vedra Beach, FL
32082

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:

Elena Vishnyakova

New Registered Office Address:

129 Kingfisher Dr

Enter Florida street address

Ponte Vedra Beach, Florida 32082

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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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.)

Please change the Principal address, mailing address and registered agent address / name is staying the same: Elena Vishnyakova);
authorized person address: 129 English Dr,
Ponte Vedra Beach, FL, 32082 / Title and name are staying the same: Elena Vishnyakova (AMBR)

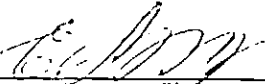
E. Effective date, if other than the date of filing: _____ (optional)

(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 July 23, 2020



Signature of a member or authorized representative of a member

Elena Vishnyakova

Typed or printed name of signee