

K20000071772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

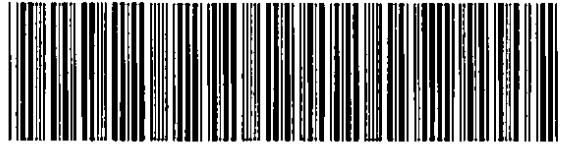
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 DEC 27 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FL

JAN 11 2022

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:

Joseph BK Kim

Name of Person

AGNI Medical LLC

Firm/Company

4110 Crownwood Drive

Address

Jacksonville, FL 32216

City/State and Zip Code

nanoreactor2018@gmail.com

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

For further information concerning this matter, please call:

Joseph BK Kim

Name of Person

at (904) 3518478

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2021 DEC 27 AM 7:43

AGNI Medical LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on December 20, 2021 and assigned Florida document number 120000071772.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AGNI Medical LLC

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:

4110 Crownwood Drive

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32216

Enter new mailing address, if applicable:

4110 Crownwood Drive

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32216

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:

Joseph BK Kim

New Registered Office Address:

4110 Crownwood Drive

Enter Florida street address

Jacksonville

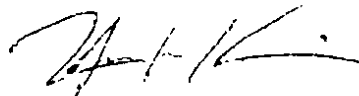
City

, Florida 32216

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>
CEO/AMBR	Elena Vishnyakova	4110 Crownwood Drive Jacksonville, FL 32216	☐ Add
			☐ Remove
			☐ Change
CEO/AMBR	Joseph BK Kim	4110 Crownwood Drive Jacksonville, FL 32216	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Elena Vishnyakova is no longer in charge of AGNI Medical LLC. Please change CEO/AMBR/Registered agent

name from **Elena Vishnyakova** to **Joseph BK Kim**.

All future correspondence should be addressed to Joseph BK Kim (CEO/AMBR/Registered Agent),

AGNI Medical LLC, located at 4110 Crownwood Drive Jacksonville, FL 32216

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 _____, _____



Signature of a member or authorized representative of a member

Elena Vishnyakova

Typed or printed name of signer