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## COVER LETTER

Division of Cor			
CUBICCE.		dical Solutions, LLC	
SUBJECT:	Name of Lin	tited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Allan F. Anderson		
		Name of Person	· <del>··</del>
	Delta-Z Medical Solutions	s, LLC	
	<del></del>	Firm/Company	
	5922 Toucan Place		
	•	Address	
	Clearwater, Florida, 3376	)	
		City/State and Zip Code	<del></del>
	TaimalelagiRick@LasmikU		
	E-mail address:	to be used for future annual report no	tification)
For further information of	concerning this matter, please of	all:	
Allan F Anderson		518 858-7674 at ()	
Name o	f Person	Area Code Daytin	me Telephone Number
Enclosed is a check for the	he 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		Street Address:	aatiun
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delta-Z Medi	cal Solutions LLC		
(Name of the Limited Liabilit (A Florida	y Company as It now appea Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	3/18/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company h	ere:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		2020 HJ
(17 megas office and colors of the colors of			<del></del>
			8
Enter new mailing address, if applicable:			17
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<del></del>	A
			(3
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our i	records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		·	
New Registered Office Address:			
•	Enter Flo	rida str <del>e</del> et address	
		, Florida	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dr. David E Flinchbaugh	4855 Big Oaks Lane Orlando, FL 32806	
		<del></del>	□Remove
			□ Change
AMBR	Sergey V Moskvin	125367, Moscow, PO Box 33 123056	<b>=</b> Add
			Remove
			Change
		<del></del>	
			□ Remove
			Change
		<del> </del>	□Add
		<del></del>	□ Remove
			□Add
			□ Remove
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			□ Add
		<del>.</del>	□ Remove
			□ Change

### Page 2 of 3

. . . .

Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier.  The 90th day after the record is filed.
Dated March 31st 2020
Man I Sinderson
Signature of a member or authorized representative of a member
Allan F Anderson

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Filing Fee: \$25.00