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JAN 03 2022
01/04/22--01019--006 **25.00

FILED

2022 JAN -3 PM 12:19

STATE OF NEW YORK
JAN 03 2022

Amend

FEB 01 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EYERAD, PLLC

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:

Donn Sanders

Name of Person

HealthXMD

Firm/Company

3450 NORTHLAKE BLVD. SUITE 105

Address

PALM BEACH GARDENS, FL 33403 US

City/State and Zip Code

Donn@healthxmd.com

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

For further information concerning this matter, please call:

Donn Sanders

561

512-4241

at (_____) _____

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)

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

2022 JAN -3 PM 12:19
RECEIVED
CORPORATION DIVISION
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EYERAD, PLLC

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

FILED
2022 JUN -3 PM 12:19
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF SARASOTA, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/23/2020 and assigned
Florida document number L20000087701.

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:

5114 Station Way

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34322

Enter new mailing address, if applicable:

3450 NORTHLAKE BLVD

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 105

PALM BEACH GARDENS, FL 33403

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:

Donn Sanders

New Registered Office Address:

3450 NORTHLAKE BLVD, SUITE 105

Enter Florida street address

PALM BEACH GARDENS

Florida 33403

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Donn Sanders	951 Selkirk street, West Palm Beach, FL 33405	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Stone, MD	3766 Eagle Hammock Drive, Sarasota, FL 34240	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Earl Maes, MD	1132 N Farm Road 185, Springfield, MO 65802	<input checked="" 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.)

[illegible]

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

12/28/21

Don Ellis

Signature of a member or authorized representative of a member

Donn Sanders

Donn Sanders
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00