

120000095137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

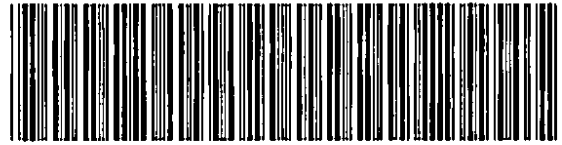
(Document Number)

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7/16/2021
TM

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120000095137

21 JUN 21 PM 2:44
Filing Officer's Office

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ITO 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:

Tyler Evans

Name of Person

ITO Medical, LLC

Firm/Company

1001 NW 7th Street #428 (or preferably by paperless: ty@itomilestones.com)

Address

Miami, FL 33136

City/State and Zip Code

ty@itomilestones.com

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

For further information concerning this matter, please call:

Tyler Evans

Name of Person

at (615) 878 - 3744

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**

FILED
CLERK OF DISTRICT COURT
IN AND FOR THE STATE OF FLORIDA

21 JUN 21 PM 2:44

ITO Medical, 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 April 02, 2020 and assigned
Florida document number L20000095137.

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:

3232 Coral Way #1106

(Principal office address MUST BE A STREET ADDRESS)

Coral Gables, FL 33145

Enter new mailing address, if applicable:

1001 NW 7th Street #428

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33136

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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

CLAYTON STATE
UNIVERSITY
21 JUN 21 PM 2:44

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ivan Roa		<input type="checkbox"/> Add
		60 SW 13th Street #3622	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Oliver Garcia		<input type="checkbox"/> Add
		79 SW 12th Street #1511	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tyler Evans		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3232 Coral Way #1106	<input checked="" type="checkbox"/> Change
AMBR	Tyler Evans	1001 NW 7th Street #428	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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).

DEPARTMENT OF STATE
DIVISION OF REGISTRATION

21 JUN 21 PM 2:44

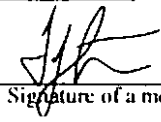
E. Effective date, if other than the date of filing: _____ (optional)

(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 June 8th, 2021


Signature of a member or authorized representative of a member

Tyler Evans

Typed or printed name of signee

Filing Fee: \$25.00