

L20 000098274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

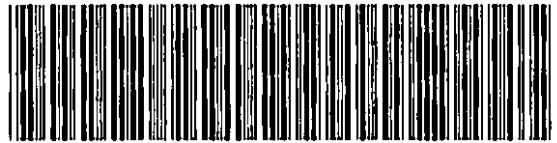
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

US
9/21/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2021

PATRICIA C. MERINGER
5020 CLARK ROAD
UNIT 238
SARASOTA, FL 34233

SUBJECT: MEDICAL CLEANING SYSTEMS, L.L.C.
Ref. Number: L20000098274

We have received your document for MEDICAL CLEANING SYSTEMS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 521A00018758

RECEIVED

SEP 16 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Cleaning Systems, L.L.C.

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:

Patricia C. Meringer

Name of Person

The Meringer Law Firm, P.L.L.

Firm/Company

5020 Clark Road, Unit 238

Address

Sarasota, FL 34233

City/State and Zip Code

meringerlawfl@gmail.com

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

For further information concerning this matter, please call:

Patricia C. Meringer

941

587-5255

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

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 21 PM 3:07

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

Medical Cleaning Systems, L.L.C.

(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 7, 2020 and assigned
Florida document number L20000098274.

This amendment is submitted to amend the following:

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

STAT Medical Cleaning Systems, L.L.C.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

_____, **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>	<u>Address</u>	<u>Type of Action</u>
MGR	Gary C. Blatecky	4625 Willow Wood Circle	<input type="checkbox"/> Add
		Sarasota, FL 34241	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nila Valvo Blatecky	4625 Willow Wood Circle	<input type="checkbox"/> Add
		Sarasota, FL 34241	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(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)

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 ~~August~~ September 6, 2021

September 6
Patricia Chenier

Signature of a member or authorized representative of a member

Patricia C. Meringer, authorized representative

Typed or printed name of signee

Filing Fee: \$25.00