L20000 138074

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Dod	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 23, 2020

RICHARD NIELSEN 1021 PALM BROOK DR MELBOURNE, FL 32940

SUBJECT: MEDICAL CERTIFICATIONS DR NIELSEN LLC

Ref. Number: L20000138074

We have received your document for MEDICAL CERTIFICATIONS DR NIELSEN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list title for member listed on page 2 of filing.

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) 245-6050.

Letter Number: 720A00012419

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

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	Registration Se Division of Cor			i.		
01/15/11/4	Medical Ce	rtifications Dr Nielsen LLC (al	ca MCDRN LLC)	<u>.</u> •		
SUBJEC	.1:	Name of Lim	ted Liability Company			
The ench	asod Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter				
		Richard Craig Nielsen				
			Name of Person			
			Firm/Company			
		1021 Palm Brook Dr				
			Address			
		Melbourne FL 32940			_	
			City/State and Zip Code	2		
		renren420 Agmail.com	to be used for future annua	d separt notification	1	
For furth	er information c	oncerning this matter, please c		., , , ,	,	
richard (craig nielsen			19-4446		
·	Name o	t Person	Area Code	Daytime Telep	hone Number	
Enclosed	Lis a check for th	he following amount:				
■ \$25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		S60.00 Filing Fee, Certificate of Status & Certified Copy raddinonal copy is enclosed)	
	Mailing Address			Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations			
	P.O. Box 632 Tallahassee.		=	entre of Tallah N. Monroe Stre		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUL - 1 PH 2: 14

Medical Certifications Dr Nielsen LLC	Her Company as it may appears on our records)
A Floric	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 1.20000138074	Company were filed on May 21 2020 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Lii	imited 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 ADD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	red office address on our records, <u>enter the name of the new registe</u> :
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	2020 JUL = { Address	Pii 2: 14 Type of Action
MGR	Richard Craig Nielsen	1021 Palm Brook Dr	■Add
		Melbourne FL 32940	□Remove
			□Change
		_	□Add
			□Remove
			Change
			□Remove
			□ Change
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rd is file		,							ay after the
Dated _		6/3		2020	<u> </u>				
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Typed or printed name of signee