

L20000 138074

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

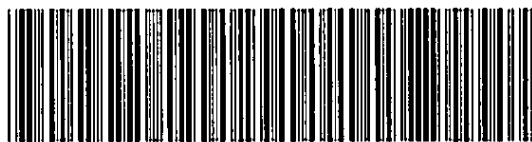
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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202006-1 P11 2:14

08/09/20--01007--022 \$25.00

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JUN 8 2020

O SIMPLIFILE

JUL 10 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 JUN -1 AM 11:16

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 720A00012419

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Medical Certifications Dr Nielsen LLC (aka MCDRN 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:

Richard Craig Nielsen

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1021 Palm Brook Dr

\_\_\_\_\_  
Address

Melbourne FL 32940

\_\_\_\_\_  
City/State and Zip Code

renren4207@gmail.com

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

For further information concerning this matter, please call:

richard craig nielsen

570 419-4446  
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

2020 JUL -1 PM 2:14

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

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

2020 JUL -1 PM 2:14 Type of Action

■ Add

☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 JUL -1 PM 2:14

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 6/3 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

R. Craig Nielsen

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**