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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 : (954)842-2931 Phone : (954)842-2936 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDICAL TRADE CENTER, L.L.C.

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T. LEMIEUX MAY 05 2023

COVER LETTER

TO: Registration S Division of Co			
	L TRADE CENTER, L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	tor, eldad aharon		
		Name of Person	
	MEDICAL TRADE CEN	ΓER, L.L.C.	
		Firm/Company	
	15427 NE 21TH AVE		
		Address	
•	N MIAMI BEACH, FL 3	3160	
		City/State and Zip Code	
	ELDAD@MTCMED.COM		
		to be used for future annual report not	ification)
For further information	concerning this matter, please of	all:	
tor, eldad ahar	ON	786 578-3311 at ()	
Хал ге	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of	Corporations	Division of Co.	rporations
P.O. Box 63 Tallahassee		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810
į alialiaosee	, 1 10 02017	Tallahassee, FI	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ted Liability Company as (A Florida Limited Liabili	it now nonears on our rec y Company)	orgs.)			
The Articles of Organization for this Limited L	iability Company were	filed on 08/06/2020	· 	and	assigne	d
Florida document number L20000237959	·					
This amendment is submitted to amend the foll	lowing:					
A. If amending name, enter the new name of	of the limited liability (company here:				
. I amending dame, enter the new manner						
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "	LLC" or the ab	hreviation	"L.L.C.	·:
Enter new principal offices address, if applic						
(Principal office address MUST BE A STREE	<u>ET ADUKESS)</u>				.—-	
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	<u> </u>					
						_
B: If amending the registered agent and/or	registered office addr	ess on our records, en	ter the nam	e of the	new re	gis
24. 22 Martin B 1 1 Brotte 14 11 11	ess bere:	, ==			2	
agent and/or the new registered office addre				* -	23	
agent and/or the new registered office addre						
agent and/or the new registered office address Name of New Registered Agent:	TOR, ELDAD AHA	RON			-T	
Name of New Registered Agent:	TOR, ELDAD AHA	RON		· -	- N	
	TOR, ELDAD AHA	RON Enter Florida street aa	idress	•	7 - L	
Name of New Registered Agent:	TOR, ELDAD AHA			· · · · · · · · · · · · · · · · · · ·	MAY -L PM	
Name of New Registered Agent:			idress , Florida	Zip_C	P D S	
Name of New Registered Agent:		Enter Florida street aa		Żip Co	P P Society	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	Registered Agent:	Enter Florida street ac City	, Florida	Zip Co	ode	
Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the projections.	Registered Agent: ed agent and agree to per and complete perf	Enter Florida street an City act in this capacity. formance of my duties	, Florida I further ag s, and I am j	amiliar	omply with a	witi nd
Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the proj	Registered Agent: ed agent and agree to per and complete perf istered agent as provi	Enter Florida street and City act in this capacity. formance of my duties ded for in Chapter 6	, Florida I further ag s, and I am J 05, F.S. Or,	amiliar if this a	omply with a locume	witi nd
Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the pro-	Registered Agent: ed agent and agree to per and complete perf sistered agent as prove tregistered office add	Enter Florida street and City act in this capacity. formance of my duties ded for in Chapter 6	, Florida I further ag s, and I am J 05, F.S. Or,	amiliar if this a	omply with a locume	witi nd

Cldad Akaron Tor

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:

Title	Name	<u>Address</u>	Type of Action
AMBR	MANOR, GIL	15427 NE 21TH AVE	
142. 174		N MIAMI BEACH, FL 33160	Remove
			Change
			□Add
. V.			□Remov¢
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
			□ Remove
 			
wing.			□Remove
			Change
			□Add
			☐Remove
			Change

			
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			—
Effective date, if other than the an effective date is listed, the date mu Note: If the date inserted in this blocument's effective date on the I	n be specific and cannot be prior to o ock does not meet the applicabl	(optional) are of filing or more than 90 days after filing.) Pursuant to estatutory filing requirements, this date will not be) 605.020 listed a
record specifies a delayed effection of the description of the descrip	e date, but not an effective time	at 12:01 a.m. on the earlier of: (b) The 90th day	after the
05/04 Pated	2023		
	Adad Akaron Tor		

Filing Fee: \$25.00