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2021 SEP 29 PM 11:53
SECRETARY OF STATE
TALLAHASSEE, FL 32310

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEDICUS HEALTH SOLUTION SERVICES, 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:

LOU FUOCO

Name of Person

Firm/Company

772 US HIGHWAY ONE, SUITE 200

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

LFUOCO@FUOCO.COM

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

For further information concerning this matter, please call:

LOU FUOCO

Name of Person

561

209-1101

at (_____) _____

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

2021 SEP 29 PM 11: 54

MEDICUS HEALTH SOLUTIONS SERVICES, LLC

SECRETARY OF STATE

(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 AUGUST 20, 2020 and assigned
Florida document number 120000.249069.

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:

(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	LOU FUOCO	SE FLORDA VENTURES III, LLC	<input checked="" type="checkbox"/> Add
		772 US HIGHWAY ONE, SUITE 200	<input type="checkbox"/> Remove
		NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change
MGR	BRIAN GAYNOR	SE FLORIA VENTURES III, LLC	<input checked="" type="checkbox"/> Add
		772 US HIGHWAY ONE, SUITE 200	<input type="checkbox"/> Remove
		NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change
MGR	SANDY PAAR	772 US HIGHWAY ONE, SUITE 200	<input type="checkbox"/> Add
		NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	SE FLORIDA VENTURES III, LL	772 US HIGHWAY ONE, SUITE 200	<input type="checkbox"/> Add
		NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	PAULETTE LONG	772 US HIGHWAY ONE, SUITE 200	<input type="checkbox"/> Add
		NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Ka Luen

LOU FUOCO

Filing Fee: \$25.00