

L20000284647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

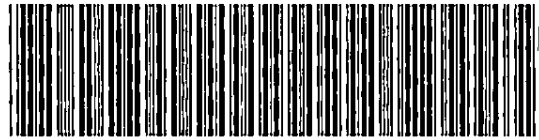
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FEB 19 2021

2021 FEB -9 AM 8:12

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2021 FEB - 1 PM



To:
Ms. Susan Tallent – Regulatory Specialist II
Florida Department of State – Division of Corporations
PO Box 6327
Tallahassee FL 32314

February 3, 2021

RE: Lightyear Medical LLC (Ref. No.: L20000284647)

Dear Ms. Tallent,

In response to your letter dated January 11, 2021, please find our revision to our request for revision of our corporation name. Lightyear Medical LLC is a physician-owned private corporation providing contracted medical services to commercial space companies.

Owner: Dr Michael F. Harrison MD PhD MPH
NPI: 1487915757
Florida Medical License: ME 144871

We provided occupational health services as well as emergency and critical care medical care capabilities during space launch and landing operations. As such, we respectfully request a change in our naming convention from "LIGHTYEAR MEDICAL LLC" to "LIGHTYEAR MEDICAL PLLC".

Please do not hesitate to contact us if there are further questions or concerns.

Sincerely,

Michael F. Harrison, MD PhD MPH
CEO – Lightyear Medical
Cell: 313-681-4124
Email: michael.harrison@lightyearmedical.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2021

MICHAEL HARRISON
LIGHTYEAR MEDICAL
8777 HAMPSHIRE GLEN DR S
JACKSONVILLE, FL 32256

SUBJECT: LIGHTYEAR MEDICAL, LLC
Ref. Number: L20000284647

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The specific purpose of the entity must be set forth in the document.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 221A00000551

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lightyear Medical 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:

Michael Harrison

Name of Person

Lightyear Medical

Firm/Company

8777 Hampshire Glen Dr S

Address

Jacksonville FL 32256

City/State and Zip Code

harrison.mf@gmail.com

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

For further information concerning this matter, please call:

Michael Harrison

313
at ()
Area Code

681-4124

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Lightyear Medical LLC

(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 09/19/2020 and assigned
Florida document number L20000284647.

This amendment is submitted to amend the following:

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

Lightyear Medical PLLC

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

City

Florida

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

[illegible]