

120 000 290 737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

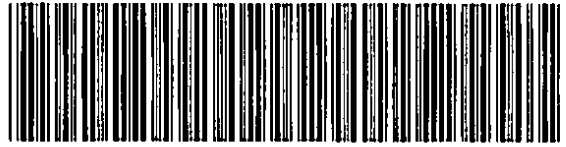
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/14/22--01013--015 **25.00

2022 MAY -4 PM 1:57
CUSHING
JUN 30 2022

Name Change

JUN 30 2022

D CUSHING

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MEDAFFAIRS PRO CONSULTING 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:

SERGEY MARTYNENKO

Name of Person

Firm/Company

2501 S OCEAN DR. UNIT 204

Address

HOLLYWOOD, FL 33019

City/State and Zip Code

mbahretdinova@gmail.com

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

For further information concerning this matter, please call:

MADINA BAHRETDINOVA

Name of Person

305 6102704
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

2022 MAY -4 PM 1:57



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2022

SERGRY MARTYNENKO
2501 S. OCEAN DR.
UNIT:204
HOLLYWOOD, FL 33019

SUBJECT: MEDAFFAIRS PRO CONSULTING LLC
Ref. Number: L20000290787

We have received your document for MEDAFFAIRS PRO CONSULTING 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6053.

Yvette Scott
Supervisor

Letter Number: 422A00007100

2022 MAR -4 PM 1:57
and assigned

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

and assigned

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]

[illegible]

(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.

MacFarr
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00