

L20000316533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

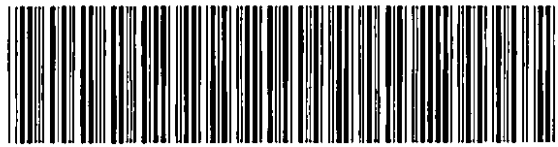
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 OCT 30 PM 12: 22

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A. PARISHANI

NOV 04 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERNATIONAL MEDICAL REPRESENTATION GROUP, 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:

Rebecca Auer, Manager

Name of Person

INTERNATIONAL MEDICAL REPRESENTATION GROUP, LLC.

Firm/Company

3512 Wildberry Way

Address

Valrico, Florida 33594

City/State and Zip Code

becky@beckyauer.com

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

For further information concerning this matter, please call:

Rebecca Auer

412 979-7369

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INTERNATIONAL MEDICAL REPRESENTATION GROUP, LLC.

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 6, 2020

Florida document number L200000316533

This amendment is submitted to amend the following:

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

The Customer Is Everything!, LLC.

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:

The Customer Is Everything!, LLC.

(Principal office address MUST BE A STREET ADDRESS)

3512 Wildberry Way

Valrico, Florida 33594

Enter new mailing address, if applicable:

The Customer Is Everything!, LLC.

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 1776

Valrico, Florida 33595

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>
AMBR	Rebecca Auer	10006 CROSS CREEK BLVD	<input type="checkbox"/> Add
		TAMPA, FL 33647 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lance Liberti	10006 CROSS CREEK BLVD	<input type="checkbox"/> Add
		TAMPA, FL 33647 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HONOR HEALTHCARE GROUP, L.L.C.	8051 N TAMIAMI TRAIL, SUITE E6	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34243	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

On September 19, 2021 under the terms of a confidential STOCK REPURCHASE, RESIGNATION, AND

NON-DISCLOSURE AGREEMENT. Member Lance Liberti, an individual, sold and surrendered all his interest

in INTERNATIONAL MEDICAL REPRESENTATION GROUP, LLC., leaving Rebecca Auer as the sole

Member and Manager of this entity.

On October 20, 2023 all units (shares) of INTERNATIONAL MEDICAL REPRESENTATION GROUP, LLC.,

LLC., were sold to HONOR HEALTHCARE GROUP, LLC. HONOR HEALTHCARE GROUP, LLC., became

the sole Member of INTERNATIONAL MEDICAL REPRESENTATION GROUP, LLC., through a special

meeting of the Manager of INTERNATIONAL MEDICAL REPRESENTATION GROUP, LLC., on

October 20, 2023. INTERNATIONAL MEDICAL REPRESENTATION GROUP, LLC., has changed ownership

effective October 20, 2023.

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TALLAHASSEE, FLORIDA

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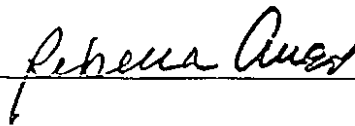
E. Effective date, if other than the date of filing: October 20, 2023 (optional)

(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 October 23, 2023



Rebecca Auer, authorized representative for HONOR HEALTHCARE GROUP, LLC. (AMBR)

Typed or printed name of signee

Filing Fee: \$60.00