## K21 0000 20938

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## **COVER LETTER**

TO:

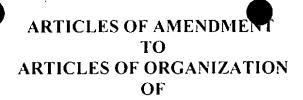
Registration Section
Division of Corporations

Tallahassee, FL 32314

	S ASSOCIATION LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	THIAGO TISO		
		Name of Person	
	LIFE MEDICAL CORPO	RATION	. 27
		Firm/Company	72
	6172 CYPRESS HILL RO	AD	2021 11.77 24
	WINTER GARDEN, FL 3	4787	F1 2: 10
		City/State and Zip Code	
	THIAGOTISO@HOTMAI		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
THIAGO TISO		407 452-7726 at ( )	<u>-</u>
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	action
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



ARKMEDS ASSOCIATION LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JANUARY 7, 2021	and assigned
Florida document number L21000020938		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ARKMEDS GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	400 W EMMETT ST, STE. 5	<u>.</u> <del></del>
Principal office address MUST BE A STREET ADDRESS	KISSIMMEE/FL	:0
	ZIP CODE 34741	2.
Enter new mailing address, if applicable:	400 W EMMETT ST, STE. 5	
Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE/FL	5
	ZIP CODE 34741	
3. If amending the registered agent and/or registered office a seent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the	name of the new regi
	Enter Florida street address	
	, Florid	la
<del></del> -	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 amending Authorized Person(s) Suthorized 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>	Address	Type of Action
	<u></u>		□Add
			□Remove
			Change
			□Add
			Remove
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			□ Change

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Filing Fee: \$25.00