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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ARKMEDS ASSOCIATION 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:

THIAGO TISO

Name of Person

LIFE MEDICAL CORPORATION

Firm/Company

6172 CYPRESS HILL ROAD

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

THIAGOTISO@HOTMAIL.COM

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

2021 MAY 26 PM 2:10

For further information concerning this matter, please call:

THIAGO TISO

407

452-7726

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

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

ARKMEDS ASSOCIATION 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 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 liability company here:

ARKMEDS GROUP 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:

(Principal office address MUST BE A STREET ADDRESS)

400 W EMMETT ST, STE. 5

KISSIMMEE/FL

ZIP CODE 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

400 W EMMETT ST, STE. 5

KISSIMMEE/FL

ZIP CODE 34741

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

[illegible]

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(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 comply with the requirements of 605.0207 (3)(b), the date will be deemed to be the date of filing.

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 MAY 14 2021

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00