

KZ1000057965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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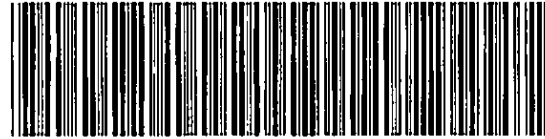
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAFE BRIDGE 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:

GILBERT JEAN LOUIS

Name of Person

SAFE BRIDGE MEDICAL , LLC

Firm/Company

5069 OKEECHOBEE BLVD

Address

WEST PALM BEACH FL33417

City/State and Zip Code

GJEANLOUIS2@GMAIL.COM

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

For further information concerning this matter, please call:

GILBERT JEAN LOUIS

561 667 4082
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**

SAFE BRIDGE MEDICAL

(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 02/02/2021 and assigned
Florida document number L21000057965.

This amendment is submitted to amend the following:

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

SAFE BRIDGE MEDICAL INSTITUTE, 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:

5069 OKEECHOBEE BLVD , WPB FL 33417

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

131 NEWBERRY LN , ROYAL PALM BEACH FL33414

(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:

GILBERT JEAN LOUIS

New Registered Office Address:

5069 OKEECHOBEE BLVD

Enter Florida street address

WEST PALM BEACH

City

, Florida 33417

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>
MGR	MARGARETH DOLCIN	131 NEWBERRY LN	<input type="checkbox"/> Add
		ROYAL PALM BEACH FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARGARETH DOLCIN	131 NEWBERRY LN , ROYAL PALM	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HRISTO JOSEPH		<input type="checkbox"/> Add
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

WE WANT TO REMOVED HRSITO JOSEPH AS AMBR , REPLACE IT BY MARGARETH DOLCIN .

E. Effective date, if other than the date of filing: 4/12/2021 (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 17/11/2017

Signature of a member or authorized representative of a member

Gilbert Jean Louis

Typed or printed name of signee

Filing Fee: \$25.00