

LZ1000084155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

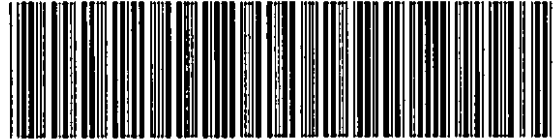
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

JUN 1 '9 2021

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Concierge Medicine 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 Miknaitis

Name of Person

Firm/Company

13550 Brynwood Lane

Address

Ft Myers FL 33912

City/State and Zip Code

blueconciergemedicine@gmail.com

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

For further information concerning this matter, please call:

Rebecca Miknaitis

Name of Person

at (239) 980-6186

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

2021 MAY - 6 PM 2:44
and assigned
TALLAHASSEE, FLORIDA

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rebecca Miknaitis	13300-56 S CLEVELAND AVE #605	<input checked="" type="checkbox"/> Add
		FT MYERS, FL 33912	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rachael Butters	13300-56 S CLEVELAND AVE #605	<input checked="" type="checkbox"/> Add
		FT MYERS, FL 33912	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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)

Dated 5/3/21, 10:59am

Signature _____

Rebecca Miknaitis

2021 MAY -6 PM 2:44
TALLAHASSEE, FLORIDA