

121000188025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700370580657

FILED

2021 JUL 28 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FL

7 BRUCE  
AUG 08 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Malicoop 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:

Karla Molina  
Name of Person

Firm/Company

1226 Paloma Way  
Address

Kantana FL 33462  
City/State and Zip Code

Karla@malicoop.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karla Molina at (561) 452-1700  
Name of Person Area Code Daytime Telephone Number

FILED  
2021 JUL 28 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Medicoop 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 4/22/2021 and assigned  
Florida document number 221000188025.

This amendment is submitted to amend the following:

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

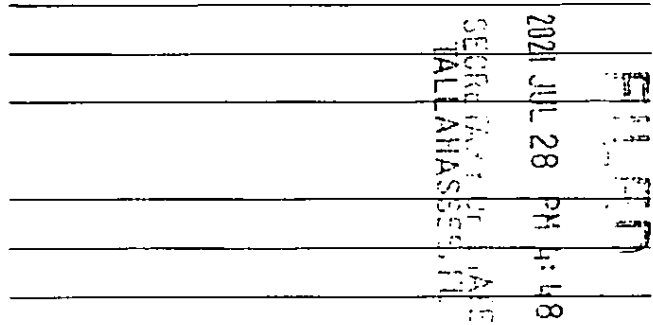
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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: \_\_\_\_\_

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         | Karla P. Molina Aviles | 1226 Palmar Way  | <input checked="" type="checkbox"/> Add |
|              |                        | Lantana FL 33462 | <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         |
|              |                        |                  | <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         |
|              |                        |                  | <input type="checkbox"/> Add            |
|              |                        |                  | <input type="checkbox"/> Remove         |
|              |                        |                  | <input type="checkbox"/> Change         |

FILED  
2021 JUL 28 PM 4:48  
SECURITY DIVISION  
TALLAHASSEE, FL

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

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 21.12.2019

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Typed or printed name of s

Typed or printed name of signee

**Filing Fee: \$25.00**