## L21000218223

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE TALLAHASSEE, HERE

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

umusa Chi	PA MED LLC	) ,	
suвјест: <u>СРА</u>	Name of Limi	ited Liability Company	
The enclosed Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Jea	nette Midale-	ton
		Firm/Company	<del></del>
	794 A	utum glen Di	ρ
	melbou wann Jmi	City/State and Zip Code Adleton @ JC	o mflonda.com
For further information co	E-mail address: () oncerning this matter, please ca	to be used for future annual report notil	fication)
Jeane He Name of	Middleton Person	at (321) 9001 Area Code Daytime	· 444() e Telephone Number
Enclosed is a check for th	e 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 S Division of Co	ection orporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 632	1	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

2021 AUG 25 PH 4: 00

CAPA MED LLC	SECRETARY OF STA
	SECRETARY OF STATE  y as it now appears on our records LAHASSEE TUDE  ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 21 000 218223</u>	were filed on $\frac{5 1 2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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 acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Morida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree	e 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 adderor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeanette Midaleton	791e Autumn glen DR	ZAdd
	MICICIETON	Melbourne PL 32940	□Remove
			□Change
AMBR	Essain I Farag	796 Autumn glen DR	Add
	Farag	Melbourne FL 32941	□Remove
			□Change
AMB12	Sultan A Binmoamar	79Le Autumnglein DR	) 
	BIMMOUNTAR	Melbourne PZ 3294	Remove
			Change
			□Add
		/	Dremove
			□Change
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lote:	ive date, if other than the date of filing:
recor lis til	d 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 led.
ated	88/23/2021 ( Rodrem
	Signature of a member or authorized representative of a member
	Jeanette Middleton Typed or printed name of signee

Filing Fee: \$25.00