

121 000 356 105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

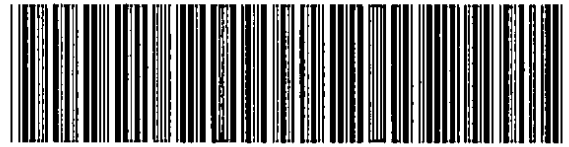
(Document Number)

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

Special Instructions to Filing Officer:

Customer  
called on 12/16/21  
About the name  
Change. Customer  
wanted to include an  
"S" on "Physician" 12/16/21  
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Office Use Only



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2021 DEC 15 PM 2:51  
BUTLER COUNTY  
STATE

A. BUTLER  
DEC 16 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LORIA PHYSICIAN GROUP, 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:

VICTOR LORIA

Name of Person

LORIA PHYSICIANS GROUP, LLC

Firm/Company

3625 NW 82ND AVE SUITE #402

Address

MIAMI, FL 33166

City/State and Zip Code

info@loriamedical.com

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

For further information concerning this matter, please call:

Elizabeth Martinez

786 at ( )

409-5911

Daytime Telephone Number

Ext. 3236 C. 305-319-2760

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

... 3D

2021 DEC 16 FR 2:51  
ur records

(A Florida Limited Liability Company)

08/30/2021

LORIA PHYSICIANS GROUP, LLC

***(Principal office address MUST BE A STREET ADDRESS)***

*(Mailing address MAY BE A POST OFFICE BOX)*

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**If Changing Registered Agent, Signature of New Registered Agent**

2.

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2021

VICTOR LORIA  
3625 NW 82ND AVE  
SUITE#402  
MIAMI, FL 33166

SUBJECT: LORIA PHYSICIAN GROUP LLC  
Ref. Number: L21000386105

We have received your document for LORIA PHYSICIAN GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on August 30, 2021.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 821A00029915