

A21 000431524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

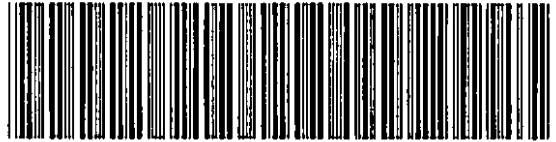
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2023 NOV 09 PM 2:04  
CLERK OF STATE  
TREASURY

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: All Global 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:

Abraham Abdemur  
Name of Person

All Global Medical LLC  
Firm Company

7783 NW 106 Ter  
Address

Miami Lakes FL 33016  
City/State and Zip Code

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

For further information concerning this matter, please call:

Abraham Abdemur at (305) 807-8402  
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**

All Global Medical 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 10/01/2021 and assigned Florida document number L21000431524.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4581 Weston RD

#205

Weston FL 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4581 Weston RD

#205

Weston FL 33331

**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**

2023 NOV 09 PM 2:01  
FID  
STATE OF FLORIDA  
SECRETARY OF STATE

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	Abraham Abdemur	4581 Weston RD	<input checked="" type="checkbox"/> Add
		# 205	<input type="checkbox"/> Remove
		Weston FL 33331	<input type="checkbox"/> Change
AMBR	Mairim Abdemur	4581 Weston RD	<input checked="" type="checkbox"/> Add
		#205	<input type="checkbox"/> Remove
		Weston FL 33331	<input type="checkbox"/> Change
MGR	Abraham Abdemur	2751 Executive Park Dr	<input type="checkbox"/> Add
		STE 203	<input checked="" type="checkbox"/> Remove
		Weston FL 33331	<input type="checkbox"/> Change
AMBR	Mairim Abdemur	2751 Executive Park Dr	<input type="checkbox"/> Add
		STE 203	<input checked="" type="checkbox"/> Remove
		Weston FL 33331	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

