## CU000436665

Office Use Only



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CALCRO Proceeding

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mobile Medical Education Services 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:
Alfredia White Name of Person
1st Stick Mobile Medical Services, LLC
9612 Fembrooke Pines Drive
Sun City Center, Fl. 33573 City/State and Zip Code
Alwhite 38617 @ yahon. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Affredia White  at (813) 810 - 6098  Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\ \text{Certificate of Status}\$  \$55.00 Filing Fee & \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}  \$60.00 Filing Fee. \text{Certified of Status & Certified Copy} \text{(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

	tion Services, LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000436685</u> .  This amendment is submitted to amend the following:	were filed on 10 05 2021 and assigned
A. If amending name, enter the new name of the limited liab	ility company here:
	21/1000 110
Enter new principal offices address, if applicable:	139 South Pebble Beach Blyd
(Principal office address MUST BE A STREET ADDRESS)	Sun City Center, Fl. 33573
Enter new mailing address, if applicable:	139 South Pebble Beach Blva
(Mailing address MAY BE A POST OFFICE BOX)	Sun City Center, FL. 33573
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and second or ovided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
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DBA: 15+	Stick M	obile Ph	le hotom	SP 6211	ices LLC
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tive date, if other	than the date of fi	ling: OT (	11 12024	opti	onal) filing.) Pursuant to 605.
If the date inserted	I in this block does not on the Department	ot meet the applica	able statutory filing	requirements, thi	s date will not be liste
JICH S CHECHIVE GAR	on the Department	of State 3 records.			
ord specifies a delay-	ed effective date, but	not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b	) The 90th day after
July	<u> </u>	. 2021	<u>Ł</u> .		
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I Y V	Much	Un			
	Signature of	of a member or author	orized representative	al-a-member	

Filing Fee: \$25.00