

# L21000504031

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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R. HUNT

07/25/23

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: DS Progressive 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:

DEVAN SZCZEPANSKI

Name of Person

DS PROGRESSIVE CONSULTING LLC

Firm/Company

200 GRAND BLVD STE 201

Address

MIRAMAR BEACH, FL 32550

City/State and Zip Code

OFFICE@SUMMERSGILLCPA.COM

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

For further information concerning this matter, please call:

DEVAN SZCZEPANSKI

Name of Person

at ( 985 )

Area Code

773 - 4867

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**

DS PROGRESSIVE 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 11/24/2021 and assigned  
Florida document number L21000504031.

This amendment is submitted to amend the following:

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

DS PROGRESSIVE CONSULTING LLC

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)

200 GRAND BLVD

STE 201

MIRAMAR BEACH, FL 32550

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

200 GRAND BLVD

STE 201

MIRAMAR BEACH, FL 32550

**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:

DEVAN SZCZEPANSKI

New Registered Office Address:

200 GRAND BLVD STE 201

*Enter Florida street address*

MIRAMAR BEACH

*City*

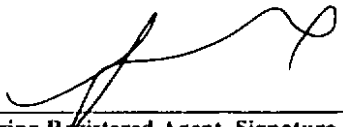
Florida

32550

*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>
<u>MGR</u>	<u>DEVAN SZCZEPANSKI</u>	<u>200 GRAND BLVD</u>	<input type="checkbox"/> Add
		<u>STE 201</u>	<input type="checkbox"/> Remove
		<u>MIRAMAR BEACH, FL 32550</u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>BRETT SZCZEPANSKI</u>	<u>200 GRAND BLVD</u>	<input type="checkbox"/> Add
		<u>STE 201</u>	<input type="checkbox"/> Remove
		<u>MIRAMAR BEACH, FL 32550</u>	<input checked="" type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
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[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.

Dated September 14, 2023

Signature of a member or authorized representative of a member

Debra Szczepanski, MD  
Typed or printed name of signee