

L21000524164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2022 DEC -1 AM 10:40

TALLAHASSEE, FL

RECEIVED

Dec 01

2022 NOV-31 AM 10:03

TALLAHASSEE, FL 32301

CT CORP**3458 Lakeshore Drive, Tallahassee, FL 32312****850-656-4724****Date:** 12/01/2022

Acc#I20160000072

en: c Dll

Name:	PRO MEDICAL IT, LLC
Document #:	
Order #:	14656103

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00****Thank you!**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pro Medical IT, 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:

Melissa Childers

Name of Person

Maynard, Cooper & Gale, P.C.

Firm/Company

1901 Sixth Avenue North, Suite 1700

Address

Birmingham, AL 35203

City/State and Zip Code

mchilders@maynardcooper.com

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

For further information concerning this matter, please call:

Melissa Childers

205 488-3612
at ()

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**

FILED

2022 DEC -1 AM 10:40

PRO MEDICAL IT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRET
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on December 24, 2021 and assigned
Florida document number L21000524164.

This amendment is submitted to amend the following:

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

PMI Legacy, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

2022 DEC - 1 AM 10:40
STELLAHASSLEFF

2022 DEC - 1 AM 10:40
DEPT: JAIL
TAIL: AHAASLE, FL

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(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 11/29/2022, _____

- DocuSigned by:

Daniel Linschultz

~~CT083BF2628D427...~~

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

L22000463202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

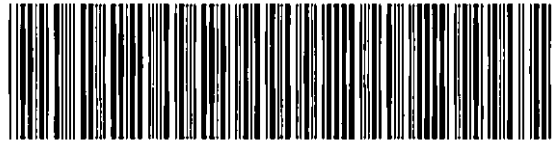
(Business Entity Name)

(Document Number)

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2022 DEC 1

DEC -1 AM 10:36

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TALLAHASSEE, FL
2022 NOV 31

Dec 1
AM 10:04

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/01/2022

****WALK IN****

ENTITY NAME NORTH DIXIE HIGHWAY LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

ACCOUNT #: I20160000072

E R H

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NORTH DIXIE HIGHWAY 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:

JONATHAN E. GOPMAN

Name of Person

NELSON MULLINS RILEY & SCARBOROUGH LLP

Firm/Company

AMERICAN MOMENTUM BANK CENTER
8625 TAMiami TRAIL NORTH, SUITE #202

Address

NAPLES, FLORIDA 34108

City/State and Zip Code

jonathan.gopman@nelsonmullins.com

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

For further information concerning this matter, please call:

✆

Jonathan E. Gopman

Name of Person

at (239)

Area Code

325-0401

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,
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(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**

FILED

2022 DEC -1 AM 10: 37

SECRETARY OF STATE
TALLAHASSEE, FL

NORTH DIXIE HIGHWAY 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 October 27, 2022 and assigned
Florida document number L22000463202.

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 "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 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

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	S&B SOFLA VENTURES LLC	1002 EAST NEWPORT CENTER DRIVE, SUITE #200	<input type="checkbox"/> Add
		DEERFIELD BEACH, FLORIDA 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	B&S SOFLA VENTURES LLC	1002 EAST NEWPORT CENTER DRIVE, SUITE #200	<input type="checkbox"/> Add
		DEERFIELD BEACH, FLORIDA 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SETH COHEN	1002 EAST NEWPORT CENTER DRIVE, SUITE #200	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FLORIDA 33442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 DEC - 1 AM 10:51
SECURITY
TALAMASSO E.F.L.

2022 DEC - 1 AM 10:37
SECURITY
ITALY/ASSIST. E. FL

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 30, 2022

Signature of a member or authorized representative of a member

SETH COHEN

Typed or printed name of signee

Filing Fee: \$25.00