

L22 0000010082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

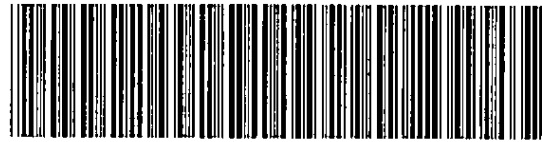
(Business Entity Name)

(Document Number)

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01/26/22--01014--011 **25.00

FILED
FEB 4 2022
CLERK OF COURT
JANUARY 26 2022

A. BUTLER
FEB - 4 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SINA MEDICAL 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:

Sedigheh Ebadi

Name of Person

Firm/Company

10327 Hart Branch Circle

Address

Orlando, FL 32832

City/State and Zip Code

SEDIEBADI@HOTMAIL.COM

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

For further information concerning this matter, please call:

Sedigheh Ebadi

Name of Person

at (407) 484 - 2245
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SINA MEDICAL SERVICES 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 01/04/2022 and assigned
Florida document number L22000010082.

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:

Sedigheh Ebadi

New Registered Office Address:

10327 Hart Branch Circle

Enter Florida street address

Orlando

Florida

32832

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 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>
MGR	Gholam R Gooshvar	10327 Hart Branch Circle	<input type="checkbox"/> Add
		Orlando, FL 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sedigheh Ebadi	10327 Hart Branch Circle	<input checked="" type="checkbox"/> Add
		Orlando, FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRS	Sedigheh Ebadi	10327 Hart Branch Circle	<input type="checkbox"/> Add
		Orlando, FL 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sedigheh Ebadi	10327 Hart Branch Circle	<input checked="" type="checkbox"/> Add
		Orlando, FL 32832	<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please note that ONLY Sedigheh Ebadi will be both the main Member as well as the Manager

of this LLC

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

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.

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 01/24/2022



Signature of a member or authorized representative of a member

SEDIGHEH EBADI

Typed or printed name of signee

Filing Fee: \$25.00