

122 000037987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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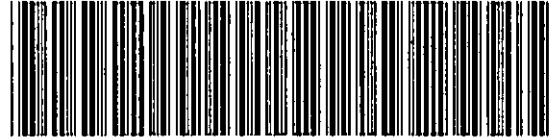
(Business Entity Name)

(Document Number)

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02/22/22--01011--029 **25.00

FILED
2022 FEB 22 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR 2 - 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mednow USA 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:

John P Miller

Name of Person

John P Miller CPA PA

Firm/Company

2499 Glades Road Ste 304

Address

Boca Raton, FL 33431

City/State and Zip Code

john@johnpmillercpa.com

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

For further information concerning this matter, please call:

John P Miller

561 368-9777
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

FILED

2022 FEB 22 AM 9:43

MEDNOW USA LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/14/2022 and assigned
Florida document number L22000037987.

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: JOHN P MILLER

New Registered Office Address: 2499 GLADES ROAD SUITE 304
Enter Florida street address

BOCA RATON, Florida 33431
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	SAMEH YOUSSEF	3925 W BOYNTON BEACH BLVD	<input type="checkbox"/> Add
		SUITE 102	<input checked="" type="checkbox"/> Remove
		BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change
AMBR	JENNIFER BOWSKY	3925 W BOYNTON BEACH BLVD	<input type="checkbox"/> Add
		SUITE 102	<input checked="" type="checkbox"/> Remove
		BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change
AMBR	KRISTOPHER LABSON	3925 W. BOYNTON BEACH BLVD	<input type="checkbox"/> Add
		SUITE 102	<input checked="" type="checkbox"/> Remove
		BOYNTON BEACH, FL 33436	<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

[illegible]

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.

X 847
Signature of a member or authorized representative of a member

Typed or printed name of signee