422000196912

(Requestor's Name)
(Address)
(Address)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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27.26.01-6.054--616 ••52.50

Called Andreas (1)

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

O:

OTX Medical LLC UBJECT: Name of Limited Liability Company ne enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Laura A. Campbell Name of Person Sales & Operations Consulting Firm/Company 5625 Scotland Ter. Address Pensacola, FL 32526 City/State and Zip Code Laura@salesandops.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: aura A. Campbell Name of Person inclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & **■** \$30.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



October 18, 2022

LAURA CAMPBELL 5625 SCOTLAND TER PENSACOLA, FL 32526

SUBJECT: OTX MEDICAL, LLC Ref. Number: L22000196912

We have received your document for OTX MEDICAL, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 822A00023311

This was previously

Rejected — Redone preferent

(corrected)

Attached:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLFD

OTX Medical LLC

company has been notified in writing of this change.

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

2022 NOV 17 PM 2: 50

is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: A enew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation after new principal offices address, if applicable: **Trincipal office address MUST BE A STREET ADDRESS** Inter new mailing address, if applicable: **Indian address MAY BE A POST OFFICE BOX** If amending the registered agent and/or registered office address on our records, enter the name of the tent and/or the new registered Agent: **N/A** New Registered Office Address: **N/A** **Enter Florida street address **Enter Florida street a	HUMOSEE.		
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: A come name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation after new principal offices address, if applicable: N/A Inter new mailing address, if applicable: Miling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the tent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: N/A N/A Enter Florida street address	assigned		
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New Registered Office Address: Enter Florida street address			
Florida			
, Florida			
City Zip C	жае		
w Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to c covisions of all statutes relative to the proper and complete performance of my duties, and I am familian	omply with t		

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

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
.MBR	Laura A. Campbell	5625 Scotland Ter	□ Add
		Pensacola, FL 32526	■Remove
MBR	Stephen C. Benz	3829 N. 12TH AVENUE	
		Pensacola, FL 32503	■Remove
			□ Change
MBR	Gut Giœli	3 ACORN DR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Burnt Hills, NY 12027	■Remove
			Change
	N/A		
			Remove
			Change
	N/A		
			□ Remove
			Change
	N/A		
			□Remove
			Change

with a status of being a disabled	d, veteran owned small business. Since a single individual can only qualify for	
this with a single company at a	time the individual managers have made the decision to work	
on other opportunities. Ty Dun	kelberger will remain the sole owner of the LLC.	
The LLC never launched in 202	22.	
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ffective date, if other than the d	11/14/2022 (optional)	
an affective date is listed, the date must l	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 600 ck does not meet the applicable statutory filing requirements, this date will not be list	5,0207 ted as
record specifies a delayed effective I is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
November 14	2022	
11/11	11/4/2	2
	11/4/2 Signature of a member or authorized representative of a member WAY	L U
Laura A. Campbell	htt	

Typed or printed name of signee

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