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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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FILED  
SECRETARY OF STATE  
2022 AUG 22 AM 10:22

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MED2LAW CONSULTING 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:

RODRIGO I. BELTMAN

\_\_\_\_\_  
Name of Person

MED2LAW CONSULTING LLC

\_\_\_\_\_  
Firm/Company

4699 N STATE RD 7 SUITE C-1

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33319

\_\_\_\_\_  
City/State and Zip Code

CONSULTING@MED2LAW.COM

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

For further information concerning this matter, please call:

STEPHEN BELTRAN

954

773-5831

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

MED2LAW CONSULTING LLC

**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>
MGRM	RODRIGO I. BELTMAN	8636 BREEZY HILL DR	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL 33473	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	STEPHEN BELTRAN	21633 JUEGO CIR APT 5D	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

1. What is the main purpose of the study?  
 2. What are the research objectives?  
 3. What is the research methodology?  
 4. What are the findings of the study?  
 5. What are the conclusions and recommendations?

(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 May 13<sup>th</sup>, 2022



RODRIGO I. BELTMAN

Typed or printed name of signee