

L22000334223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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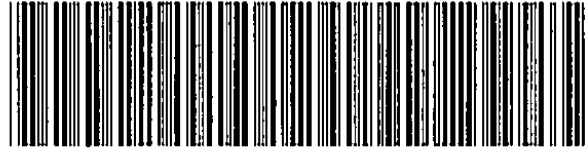
(Business Entity Name)

(Document Number)

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2022 OCT 31 PM 12:06

STATE
TALLAHASSEE, FL

g 11/22/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cardinal Investment Group of West Florida, PLLC

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:

Charles R. Anthony II, M.D.

Name of Person

Anthony Aesthetics Facial Plastic Surgery, PLLC

Firm Company

855 Central Avenue, PH 6

Address

Saint Petersburg, FL 33701

City/State and Zip Code

charlesanthonyii@gmail.com

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

For further information concerning this matter, please call:

Ryan King, Esq.

352

219 - 5351

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 OCT 31 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FL

CARDINAL INVESTMENT GROUP OF WEST FLORIDA, PLLC

(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 07/28/2022 and assigned
Florida document number 1.22000334223.

This amendment is submitted to amend the following:

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

Anthony Aesthetics Facial Plastic Surgery, PLLC

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)

1901 Dr. MLK Jr. Street North

Suite B

Saint Petersburg, FL 33704

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1901 Dr. MLK Jr. Street North

Suite B

Saint Petersburg, FL 33704

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:

Charles Anthony II, MD

New Registered Office Address:

1901 Dr. MLK Jr. Street North, Suite B

Enter Florida street address

Saint Petersburg

Florida

33704

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:

AMGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Charles R. Anthony II, M.D.	1901 Dr. MLK Jr. Street North, Suite B	<input checked="" type="checkbox"/> Add
		Saint Petersburg, FL 33704	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William D. King	2631-A NW 41st Street	<input type="checkbox"/> Add
		Gainesville, FL 32606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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N/A

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.

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 OCTOBER 25 2022

Signature of a member or authorized representative of a

William D. King; Registered Agent & Authorized Representative (thru 12/31/22)

Typed or printed name of signee