

Florida Department of State

**L22000304428256**  
Division of Corporations  
Electronic Filing Cover Sheet

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H220003044283ABCZ

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : VALEZAR & ASSOCIATES  
Account Number : I20150000092  
Phone : (305)252-5505  
Fax Number : (888)346-7187

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mirtina@valezar.com

2022 SEP -6 AM 9:26

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PRECISION MED GROUP LLC**

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Electronic Filing Menu

Corporate Filing Menu

Help

J DENNIS  
SEP 07 2022

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Change Authorized Members Address/Role and Registered Agent**

\_\_\_\_\_  
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:

Mirtha Almanzar

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

Valezar & Associates Inc

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

12485 SW 137th Ave Ste 206

\_\_\_\_\_  
Address

Miami, FL 33186

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

mirtha@valezar.com

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

For further information concerning this matter, please call:

Mirtha Almanzar

305 252-5505

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**

PRECISION MED GROUP 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 08/15/2022 and assigned  
Florida document number L22000358256.

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: Valczar & Associates Inc

New Registered Office Address: 12485 SW 137th Ave Ste 206  
*Enter Florida street address*

Miami, Florida 33186  
*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

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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	Augustine Carbon		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3857 SW 164th Ter Miramar, FL 33027	<input checked="" type="checkbox"/> Change
AMBR	Gary Kogan		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		16091 NE 19th Ave North Miami Beach, FL 33162	<input checked="" type="checkbox"/> Change
AMBR	George Michailos		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		217 NW 36TH Deerfield Beach, FL 33442	<input checked="" 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

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

[illegible]

**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 Septemeber 02 2022

George Mednick

Signature of a member or authorized representative of a member

George Michailos

Typed or printed name of signer

**Filing Fee: \$25.00**