L22000393814

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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05/06/24--01025--017 **25.00

COVER LETTER

	on Section f Corporations		
MEDI	EVO LLC		
SUBJECT:			
	Name of Li	imited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are st	ubmitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
	OSCAR EVO		
	-	Name of Person	
		Firm/Company	
	3260 SOLITUDE CT		
	KISSIMMEE FL 34746	Address	
	MEDEVO2022@GMAIL	City/State and Zip Code .COM	
For further informat	E-mail address tion concerning this matter, please	: (to be used for future annual report notifical	tion)
OSCAR EVO		516 860-8352	
		at ()	
No	ame of Person		elephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ac		Street Address:	
	ion Section of Corporations	Registration Section Division of Corporation	
P.O. Box		The Centre of Tall	
Tallahass	ee. FL 32314	2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDEVOLLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recor- ted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa lorida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
		Ę.
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		-
		
 If amending the registered agent and/or registered offigent and/or the new registered office address here: 	ce address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	(S. 7)	
	Enter Florida street addre.	SS
		lorida
	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 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>	Address	Type of Action
			□ Add
			□Remove
			☐ Change
			Remove
			Change
			Remove
			Change
			□Remove
			Change
		,	□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

LAWFUL BUSINESS AC	TIVITIES.	
·		
		
		. —
		
		<u>,</u>
		
ective date, if other than (the date of filing:	(optional)
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 605.02 filing requirements, this date will not be listed:
	e Department of State's records.	rining requirements, this date will not be fisted
ord specifies a delayed effectived.	etive date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after th
April 30	2024	
ed		
(1)	The factor	

Typed or printed name of signee