L22000504048

(Requestor's Name)
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

> The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 12/12/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1102542

ORDER ENTITY

LMD PODIATRY LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

LMD PODIATRY LLC (FL)

File the attached amendment and provide a certificate of status.

NOTES:

\$30.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, December 12, 2022 Page 1 of 1

COVER LETTER

Division of Corporations LMD PODIATRY LLC SUBJECT: 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: LAUREN DABAKAROFF Name of Person LMD PODIATRY LLC Firm/Company 5849 SW 36TH TERRACE Address FORT LAUDERDALE, FL 33312 City/State and Zip Code DRLAURENDPM@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAUREN DABAKAROFF Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed). (additional copy is enclosed)

Mailing Address:

· TO:

. Registration Section

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

FIL.ED 2022 DEC 13 AM II: 56

LMD PODIATRY LLC

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

The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000504048}{1.22000504048}$	were filed on 11/30/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4601 SOUTH UNIVERSITY DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	DAVIE, FL 33328	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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
MGR	LAUREN DABAKAROFF	5849 SW 36TH TERR	= Add
		FORT LAUDERDALE, FL 33312	□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the office date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	i be specific and ock does not i	d cannot be prior meet the applic	r to date of filing cable statutory	or more than 90		ng.) Purst		
e record specifies a delayed effective rd is filed.	e date, but no	t an effective t	ime, at 12:01 a	i.m. on the ear	lier of: (b)	The 90th	day afte	r the
		2022	·					
Dated								
Dated	$\stackrel{\sim}{\sim}$	landen	orized represent					

Filing Fee: \$25.00