

L23000009098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

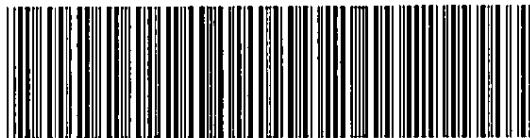
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF COMMERCE

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STATE
FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: IV MDS 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:

David Coradin

Name of Person

IV MDS LLC

Firm/Company

2121 Biscayne Blvd #1063

Address

Miami, FL 33137

City/State and Zip Code

davidcoradin@gmail.com

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

For further information concerning this matter, please call:

David Coradin

954 5015274
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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OFFICE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IV MDS 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 01/04/2023 and assigned
Florida document number 1.23000009098.

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)

2121 Biscayne Blvd #1063

Miami, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 671054

Coral Springs, FL 33067

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:

Raquel C. Mertz

New Registered Office Address:

109 Ambersweet Way #247

Enter Florida street address

Davenport

City

Florida 33897

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	David Coradin	9955 Westview Drive SUITE 222	<input type="checkbox"/> Add
		Coral Springs, FL, 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Coradin Health LLC	9955 Westview Drive SUITE 222	<input type="checkbox"/> Add
		Coral Springs, FL, 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Reha Holdings LLC	1309 Coffeen Avenue STE 1200	<input checked="" type="checkbox"/> Add
		Sheridan, Wyoming, 82801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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[illegible]

01/11/2023

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.

Dated APR 4th 2023

Signature of a member of the

Signature of a member or authorized representative of a member

David Coradin

Typed or printed name of signee

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STATE
OFFICE

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