123000047740

(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:

Office Use Only



500402195735

02/09/22--01021--012 **59.00

2023FEB -9 PH 4: 26 SECRETARY OF STATE

brumo

MAR 0 7 2023 D CUSHING

COVER LETTER

	ion Section of Corporations	
Endoo	ocrine Plus LLC	
3000t.c1.	Name of Limited Liability Company	
	eles of Amendment and fee(s) are submitted for filing.	
	Guido Letz	
	Name of Person	
	Firm/Company	
	4013 NW 62nd Ct	
	Address	2023 SEC
	Coconut Creek, FL 33073	2023 FEB -9 SECRETARY TALLARA
	City/State and Zip Code plusendocrine@gmail.com	(1)
	E-mail address: (to be used for future annual report notification)	17 17 17 17 17 17 17 17 17 17 17 17 17 1
For further informa-	ation concerning this matter, please call:	2
Guido Letz	917 971-6309 at ()	ानं क
- N	Same of Person Area Code Daytime Telephone N	Number
Enclosed is a check	x for the following amount:	
□ \$25.00 Filing F	Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing A	Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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**

Endocrine Plus LLC	Ξ.	STORY THE
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.)	(-10) B ====
The Articles of Organization for this Limited Liability Company Florida document number L23000047740 This amendment is submitted to amend the following:		oand assigned
A. If amending name, enter the new name of the limited liab	ility company here:	, 428
· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and contain the words "Limited Liabi		reviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St. N STE 12556	
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33702	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7901 4th St. N STE 12556 St. Petersburg, FL 33702	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Fiorida street address	
	, Florida	
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Berenice Ortegon Zambrano	7901 4th St. N STE 12556	
		St. Petersburg, FL 33702	□Remove
		 	
AMBR	Guido Letz	7901 4th St. N STE 12556	□Add
	St. Petersburg, FL 33702	□Remove	
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Remove
			□ Change

- name zamara	and "was snelled wone in inital
Light H Town of a	ano "was spelled wrong in inital
- Jiling	
-	
 	
	
	
	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
	does not meet the applicable statutory filing requirements, this date will not be listed rtment of State's records.
Note: If the date inserted in this block of document's effective date on the Depart	
Note: If the date inserted in this block of document's effective date on the Depart	
document's effective date on the Depart e record specifies a delayed effective dat	ite, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
document's effective date on the Depart	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
document's effective date on the Depart e record specifies a delayed effective dat rd is filed.	
document's effective date on the Depart e record specifies a delayed effective dat	2023
document's effective date on the Depart e record specifies a delayed effective dat rd is filed. Dated February 6	

Filing Fee: \$25.00