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S. ROBERTS
MAY 1 3 2023

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

A & G MEDICAL AND RESEACH, LLC							
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	ISABEL M .DURANCE FOUR						
	Name of Person						
	A & G MEDICAL AND RESEACH, LLC						
	Firm/Company						
	238 NW 9TH AVE UNIT 4						
	Address						
	HOMESTEAD, FL 33030						
		City/State and Zip Code					
	NREBOLTA@HOTMAIL.	COM to be used for future annual report noti	tication)				
For further information c	oncerning this matter, please c	•	incation)				
ISABEL M. DURANCE FOUR		305 245-8989 at ()					
Name o	f Person	Area Code Daytim	e Telephone Number				
Enclosed is a check for the	he 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & G MEDICAL AND RESEACH, LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)	
the Articles of Organization for this Limited Liability Company	were filed on 02/06/2023	and assigned
lorida document number L23000066409		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
& G MEDICAL AND RESEARCH, LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	r the abbreviation "L.L.C."
'nton nous mainsingleffices address if amplicables		
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2078
		*
		· · · · · · · · · · · · · · · · · · ·
		63
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
		<u></u> ن
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	2 21 1	
	Enter Florida street address	
	, Flori	
	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>	<u>Name</u>	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	□ Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			DAdd
		□Remove	
			□Remove
			Change
			🗀 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 MARCH 21st 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

ISABEL M. DURANCE FOUR

Filing Fee: \$25.00