

L23000114019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

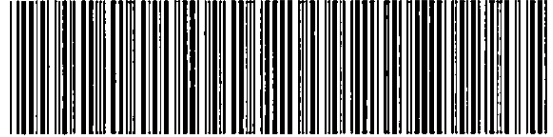
(Business Entity Name)

(Document Number)

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1/24/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDNOCLOG Y
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.

WAQAS R KHAN
Name of Person

Firm/Company

4850 Heron Pointe Drive, Apt 410
Address

Tampa / FL / 33616
City/State and Zip Code

waqasrasool1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Waqas Khan at (978) 395 5931
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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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 3/3/2023 and assigned Florida document number L23000114019.

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)

4850 Heron pointe drive, apt 410
Tampa, FL 33616

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4850 Heron Pointe drive, apt 410
Tampa, FL 33616

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:

Waqas R Khan

New Registered Office Address:

4850 Heron Pointe drive, apt 410

Enter Florida street address

Tampa
City

Florida

33616

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.

Waqas R Khan

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>
MGR	ARSHAD FIROZ	4030 Henderson Blvd, STE 701	<input type="checkbox"/> Add
		Tampa, FL 33629	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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STATE OF FLORIDA
SECRETARY OF STATE

11

2024 JAN -3 AM 10:07
STATE
SHEL

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.

(b) The 90th day after the record is filed.

Dated 12/28/2023

Wesley R. Blum
Signature of a member of

Signature of a member or authorized representative of a member

INAQAS R KHAN

Typed or printed name of signee