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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BROWARD MEDICAL CONSULTANTS 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:

LAWRENCE KOPYLOV
Name of Person

BROWARD MEDICAL CONSULTANTS LLC
Firm/Company

1920 E HALLANDALE BEACH BLVD STE 901
Address

HALLANDALE BEACH, FL 33009
City/State and Zip Code

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

For further information concerning this matter, please call:

LAWRENCE KOPYLOV at (718) 666-7456
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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 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

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

Title	Name	Address	Type of Action
AMBR	ANDREYEV, VADIM	262 EXETER STREET	☐Add
		BROOKLYN, NY 11235	■Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐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:** 11/07/2023 **(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 NOVEMBER 7TH 2023 .

Signature of a member or authorized representative of a member

LAWRENCE KOPYLOV

Typed or printed name of signee

Filing Fee: $25.00