L23000221131

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TO: **Registration Section Division of Corporations** Liberty Medical LLC SUBJECT: 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: Mehul Suman Patel Name of Person Liberty Medical LLC Firm/Company 443 Lucerne Avenue Address Tampa FL 33606 City/State and Zip Code mehpatel20@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 570 _ at (_____) _ Area Code Mehul Suman Patel 6774001 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ⊆ \$25.00 Filmg Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: **Registration Section** Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on May -	4. 2023 and assigned
Florida document number L23000221131	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	;
Liberty Med Connect LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation of the second sec	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202A
(Principal office address MUST BE A STREET ADDRESS)	<u>A</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	

agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si cet ada	hess
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Liberty Medical LLC

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. Thereby confirm that the limited liability company has been notified in writing of this change.

II Changing Registered Agent, Signature of New Registered Agent

. .

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address 1	Type of Action
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			_ DRemove
			_ 🗇 Change
			_ 🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional skeets, if necessary.)

<u>Note:</u> 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.

August 12 Dated	2024
	Signature of a member or authorized representative of a member
Mehul Suman Patel	
	Typed or printed name of signce