

L23 000 4183 005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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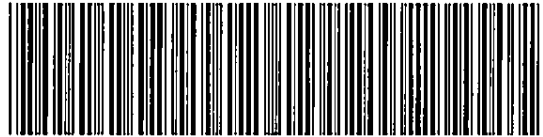
(Business Entity Name)

(Document Number)

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2023 NOV 27 PM 5:14

cf 12/8/2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: • Essence MD Research 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:

Jazmin E. Izquierdo

Name of Person

Essence MD Research LLC

Firm/Company

800 Goodlette-Frank Rd., North, Suite #310

Address

Naples, FL 34102

City/State and Zip Code

dr.jazminizquierdo@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jazmin E. Izquierdo

239

2002397

at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Essence MD Research LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 Nov 27 PM 5:14

The Articles of Organization for this Limited Liability Company were filed on October 23, 2023 and assigned
Florida document number L23000483005.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

800 Goodlette-Frank Rd., North

Suite #310

Naples, FL 34102

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

800 Goodlette-Frank Rd., North

Suite #310

Naples, FL 34102

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

City

Florida

N/A

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------------|--------------------------------|--|
| AMBR | Lisette Delgado Sanchez, MD | 800 Goodlette-Frank Rd., North | <input type="checkbox"/> Add |
| | | Suite #310 | <input type="checkbox"/> Remove |
| | | Naples, FL 34102 | <input checked="" type="checkbox"/> Change |
| AMBR | Jazmin E. Izquierdo, MD | 800 Goodlette-Frank Rd., North | <input type="checkbox"/> Add |
| | | Suite #310 | <input type="checkbox"/> Remove |
| | | Naples, FL 34102 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

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

EIN Assigned: 93-4396571

E. Effective date, if other than the date of filing: January 01, 2024 (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 21 2023

Signature of a member or authorized representative of a member

Jazmin E. Izquierdo

Typed or printed name of signee