

10/30/24, 4:21 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MIACCOUNTING CO
Account Number : I20220000131
Phone : (305)610-2704
Fax Number : (305)647-6040

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LILIA FLUROVNA LLC

Certificate of Status	0
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Page Count	06
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OCT 31 2024
T. LEMIEUX

COVER LETTER

(((H24000362305 3)))

TO: Registration Section
Division of Corporations

SUBJECT: LILIIA FLUROVNA 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:

LILIIA.ZHDANOVA
Name of Person
LILIIA FLUROVNA LLC
Firm/Company
19390 COLLINS AVE 1006
Address
SUNNY ISLES BEACH, FL 33160
City/State and Zip Code
info@miacounting.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LILIIA ZHDANOVA
Name of Person
305 610 - 2704
at ()
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

(((H24000362305 3)))

LILIA FLUROVNA LLC

(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 01/19/2024 and assigned
Florida document number L24000040760

This amendment is submitted to amend the following:

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

MEDCORE UNITY LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H24000362305 3)))

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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