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SECRETARY OF STATE
FEB 13 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARDOCTOR SERVICE 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:

OLEKSII VYSOTSKYI

Name of Person

CARDOCTOR SERVICE LLC

Firm/Company

4754 NORWOOD AVENUE SUITE 5

Address

JACKSONVILLE, FLORIDA 32206

City/State and Zip Code

KABACHOK2002@GMAIL.COM

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

For further information concerning this matter, please call:

OLEKSII VYSOTSKYI

904

888-6501

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**

FILED
24 FEB 13 AM 9:43

CARDOCTOR SERVICE LLC

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

FILED
FEB 13 2024
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/22/2024 and assigned
Florida document number L24000041466.

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)

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:

OLEKSI VYSOTSKYI

New Registered Office Address:

462 MATILDA LN

Enter Florida street address

JACKSONVILLE

City

Florida 32216

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>
MGR	OLEKSII VYSOTS KYI	462 MATILDA LN	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DMYTRO DOICHEV	4851 PARKHURST PL	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OLEKSHI VYSOTSKKYI O	462 MATILDA LN	<input type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DMYTRO DOICHEV D	4851 PARKHURST PL	<input type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

CORRECTING THE NAME OF THE REGISTERED AGENT AND MANAGERS.

E. Effective date, if other than the date of filing: 02/08/2024 (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 02/08/ 2024

Signature of a member or authorized representative of a member

OLEKSII VYSOTSKYI

Typed or printed name of signee