

5/10/24, 1:56 PM

Division of Corporations

(((H24000170411 3)))

# L24000080790

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : LICENSES ETC INC  
Account Number : I20070000159  
Phone : (239)777-1028  
Fax Number : (877)275-3593

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FILED  
ALONG EAST ST  
TALLAHASSEE, FLORIDA

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

Email Address: SUPPORT@LICENSESETC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
REGALMED, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	09
Estimated Charge	\$25.00

06/10/2024

4:03:11 PM 6/10/2024

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

(((H24000170411 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: REGALMED, PLLC**  
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:

**TODD BABBITT**

Name of Person

**LICENSES, ETC., INC.**

Firm/Company

**27911 CROWN LAKE BLVD**

Address

**BONITA SPRING, FL 34135**

City/State and Zip Code

**SUPPORT@LICENSESETC.COM**

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

For further information concerning this matter, please call:

**TODD BABBITT**

Name of Person

at ( **239** )

Area Code

**777-1028**

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

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

**REGALMED, PLLC**

(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 02/16/2024 and assigned.

Florida document number L24000080790.

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:

671 GOODLETTE-FRANK RD

**(Principal office address MUST BE A STREET ADDRESS)**

STE 200

NAPLES, FL 34102

Enter new mailing address, if applicable:

671 GOODLETTE-FRANK RD

**(Mailing address MAY BE A POST OFFICE BOX)**

STE 200

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:

DR SHERRY FARAG

New Registered Office Address:

671 GOODLETTE-FRANK RD STE 200

*Enter Florida street address*

NAPLES

Florida

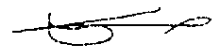
34102

*City*

*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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DR SHERRY FARAG	671 GOODLETTE-FRANK RD	<input type="checkbox"/> Add
		STE 200	<input type="checkbox"/> Remove
		NAPLES, FL 34102	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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SENECA, FLORIDA  
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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: (h) The 90th day after the record is filed

Dated **MAY 10TH** 2024

Signature of a member or authorized representative of a member

DR SHERRY FARAG

Typed or printed name of signee

**Filing Fee: \$25.00**

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