

L 240000110860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

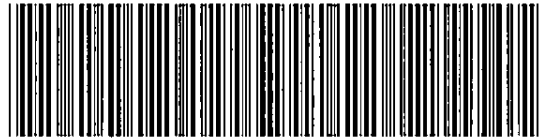
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2024 JUL 12 PM 6:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doctor G Medical, 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:

Alessandra Silva
Name of Person

Firm/Company

4243 W Hillsboro Blvd.
Address

Coconut Creek, FL 33073
City/State and Zip Code

admin@betternowmedical.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alessandra Silva at (561) 809-1826
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

DOCTOR G MEDICAL, LLC

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	MARA Chelala	4135 Eastridge Cir.	<input checked="" type="checkbox"/> Add
		Deerfield Bch, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Flavio Alexandre Costa	3530 MYSTIC Pointe Dr	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alessandra Moreira	3530 MYSTIC Pointe Dr.	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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)

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 June 28 2024

~~Signature of a member or authorized representative of a member~~

BERNARD ~~GARCIA~~

Typed or printed name of signee

Filing Fee: \$25.00