

L24000212312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

Subject: DOCTOR HERNIA FRANCHISING LLC
Florida Document #: **L24000212312**

Dear Sir or Madam:

Enclosed, please find Articles of Amendment and the respective fee payment that are being submitted for filing.

Please return all correspondence concerning this matter to:

LAUDELINO RISSO
DOCTOR HERNIA FRANCHISING LLC
6141 Sunset Drive, Unit 102
Miami, FL 33314

E-mail: Compliance@accoretax.com

For further information concerning this matter, please call:

Lucas Silva at (954) 380-6672

Enclosed:
Check # 1014 for filing fee payment.

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

DOCTOR HERNIA FRANCHISING LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 05/10/2024 and assigned
Florida document number L24000212312.

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:

6141 SUNSET DRIVE, UNIT 102

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33314

Enter new mailing address, if applicable:

6141 SUNSET DRIVE, UNIT 102

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33314

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:

REGISTERED AGENTS INC

New Registered Office Address:

7901 4TH ST N STE 300

Enter Florida street address

ST. PETERSBURG


City

Florida 33702

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	ANDRE PEGAS DE OLIVEIRA R DOS PINHEIROS	405 CANCELLI CASCAVEL PR 85807 340	<input type="checkbox"/> Add
		BRAZIL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDRE PEGAS DE OLIVEIRA	RUA DOS PIONEIROS, 405	<input checked="" type="checkbox"/> Add
		CASCAVEL, PR 85807-715 BR	<input 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
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			<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.)*

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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: (b) The 90th day after the record is filed.

Dated NOVEMBER 8, 2024

Assinado por:

Assinado por: 

-6C1FA9E4C4C142D

Signature of a member or authorized representative of a member

LAUDELINO RISSO

Typed or printed name of signee

Filing Fee: \$25.00