

M22000011998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

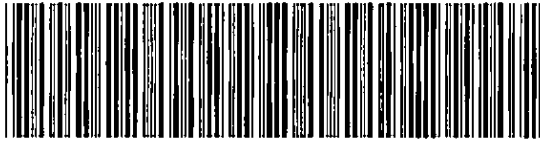
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
8/3

Office Use Only



200392113602

DEPT OF REVENUE

LLC Amend.

RECEIVED  
2022 AUG -3 PM 4:25  
TALLAHASSEE, FLORIDA

FILED  
2022 AUG -3 PM 4:28  
TALLAHASSEE, FLORIDA  
DEPT OF REVENUE

AUG 08 2022  
D CORWELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2022

ADVANCED INCORPORATING SERVICE

SUBJECT: MEDICAL SLP, LLC  
Ref. Number: M22000011998

RECEIVED  
2022 AUG -5 PM 4:30  
TALLAHASSEE, FLORIDA

We have received your document and check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 722A00017468

Corrected  
please keep original file data  
Thanks

# Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

<p>NAME OF ENTITY <i>Medical SLP, LLC</i></p>	<p>FOR OFFICE USE ONLY</p>
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## PICK ONE:

CERTIFIED COPY     PHOTOCOPY     C.U.S.

## FILING:

CORPORATION     LLC     LIMITED PARTNERSHIP     GENERAL PARTNERSHIP  
 FICTITIOUS NAME     SERVICEMARK/TRADEMARK     AMENDMENT  
 FOREIGN QUALIFICATION     JUDGMENT LIEN  
 OTHER \_\_\_\_\_

## RETRIEVAL:

GOOD STANDING CERT/C.U.S.     CERTIFIED COPY     PHOTOCOPY  
Of \_\_\_\_\_

## APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 8/3/22    TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Medical SLP, LLC

Enter new principal office address, if applicable: 120 Palencia Village Dr.

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

Suite 115-118

St. Augustine, FL 32095 US

Enter new mailing address, if applicable:

**(Mailing address**

**MAY BE A POST OFFICE BOX)**

120 Palencia Village Dr.

Suite 115-118

St. Augustine, FL 32095 US

2. The Florida document number of this limited liability company is: M122000011998

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/01/2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_. Florida \_\_\_\_\_  
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

2022 AUG -3 PM 4:28  
SECRETARY OF STATE  
FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Theresa Richard	4559 Eden Bay Drive	<input type="checkbox"/> Add
		St. Augustine, FL 32084	<input checked="" type="checkbox"/> Remove
MGR	Theresa Richard	120 Palencia Village Dr., Suite 115-118	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32095 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Theresa Richard

Signature of the authorized representative

Theresa Richard

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00