

2/12/25, 7:10 AM

Division of Corporations

L25000056104

Florida Department of State
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : BOND, SCHONECK & KING, PLLC
 Account Number : 120010000122
 Phone : (239)659-3800
 Fax Number : (239)649-3410

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

Email Address: jm@rev@bsk.com

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K. SALY
FEB 13 2025

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MultiMed, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josiah H. Elsaghir, Esq.
Name of Person

Bond, Schoenck & King, PLLC
Firm/Company

4001 Tamiami Trl N #105
Address

Naples, FL 34103
City/State and Zip Code

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

For further information concerning this matter, please call:

Josiah H. Elsaghir, Esq. at (239) 659-3818
Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR26062 (9-13)

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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: MultiMed, LLC

SECOND: The Florida Document number of the limited liability company is: L25000056104

THIRD: Document to be corrected is: Articles of Organization

CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

[X] Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The Principal and Mailing Addresses are incorrect because they are not accurate. They should instead be as follows:

PRINCIPAL ADDRESS: 7616 Sandy Ridge Dr., Apt. 101, Reunion, FL 34747

MAILING ADDRESS: 7830 Lake Wilson Rd., #123, Davenport, FL 33996

OR

[] Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Blank lines for describing the manner of defective signing.

OR

[] The electronic transmission of the record was defective.

Signature of Authorized Representative: [Handwritten Signature] Date: 2/12/2025

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)