

L07000039246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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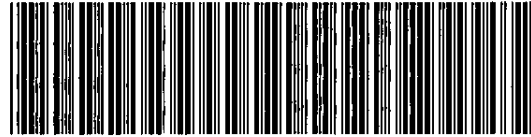
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 6 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALEX ROJAS MD, 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:

ALEX ROJAS

Name of Person

ALEX ROJAS MD, LLC.

Firm/Company

805 EAST OAK ST. SUITE 01

Address

KISSIMMEE, FL. 34744

City/State and Zip Code

ALEXROJASMDFACOG@GMAIL.COM

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALEX ROJAS

Name of Person

at (407)

933-0021

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ALEX ROJAS MD, LLC.

(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 APRIL 11, 2007 and assigned
Florida document number L07000039246.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BEDA R. ROJAS	805 EAST OAK ST. SUITE 01 KISSIMMEE, FL 34744	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BEDA A. ROJAS	511 COLUMBIA DR. TAMPA, FL 33606	<input checked="" type="checkbox"/> Add <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

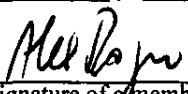
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADD:

SEE ATTACHED...

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated JUNE 08, 2011


Signature of a member or authorized representative of a member

ALEX ROJAS

Typed or printed name of signee

ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION OF

ALEX ROJAS MD, LLC.

ARTICLE VII
CAPITAL CONTRIBUTIONS

No capital contributions shall be paid to the limited liability company by the two members in the beginning. Additional contributions will be made as required for investment purposes, as determined by the unanimous consent of the members. Contributions will be made as follows: **BEDA A. ROJAS (1%) and ALEX ROJAS (99%).**

Dated JUNE 08, 2011.



Signature of a member or authorized representative of a member

ALEX ROJAS

Printed name of signee

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TALLAHASSEE, FLORIDA