

L09000 110 901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

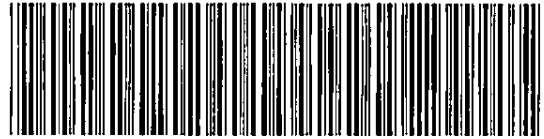
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SBrown: 8/28/25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CEDA ORTHOPEDICS & INTERVENTIONAL MEDICINE OF HIALEAH, L.L.C.
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:

MARK CERECEDA

Name of Person

PHYSICIANS CENTRAL BUSINESS OFFICE, L.L.C.

Firm/Company

815 NW 57 AVE, SUITE 405

Address

MIAMI, FL 33126

City/State and Zip Code

MARIO@MARIODELGADOLAW.COM

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

For further information concerning this matter, please call:

MARIO DELGADO 305 934-9192
_____ at (_____) _____
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

2025 JUN 11 AM 11:35
SECRET
TAL 1000

CEDA ORTHOPEDICS & INTERVENTIONAL MEDICINE OF HIALEAH, L.L.C.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00