

L160000 47580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

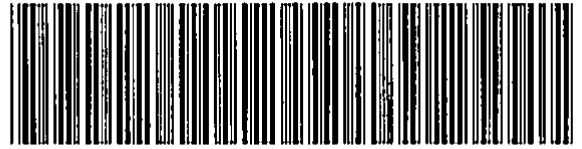
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAR 26 AM 8:47
STATE OF ALABAMA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: H & M International Medical Services, 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:

Joaquin A. Sosa
Name of Person

JAS.LAW, LLC
Firm/Company

1825 Ponce de Leon Blvd., Ste. 500
Address

Coral Gables, FL 33134
City/State and Zip Code

jasosa@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joaquin A. Sosa at (818) 262-5853
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

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

H & M International Medical Services, L.L.C.

(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 03/08/2016 and assigned
Florida document number L16000047580 EIN: 81-1774565

FILED
MAR 8 11
2016
MAR 29
FILED

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1825 Ponce de Leon Blvd.

Suite 500

Coral Gables, FL 33134

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:

Joaquin A. Sosa for JAS.LAW, LLC

New Registered Office Address:

4430 SW 83rd Avenue

Enter Florida street address

Miami

City

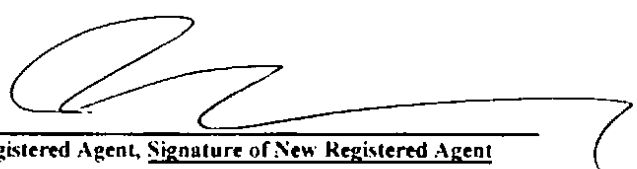
Florida

33155

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:

L16000047580

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Hector JP. Corzo	4430 SW 83rd Avenue, Miami, FL 33155	<input type="checkbox"/> Add
		50% Ownership	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Mariel P. Aguilar	4430 SW 83rd Avenue, Miami, FL 33155	<input type="checkbox"/> Add
		50% Ownership	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	JAS.LAW, LLC -Joaquin A. Sosa	1825 Ponce de Leon Blvd. Ste. 500, Coral Gables, FL 33134	<input type="checkbox"/> Add
		0% Ownership - Administration Only	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change

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

This entity is entitled to engage in any legal business in the USA and any other country.

Main Business is Asset Protection and Banking administration

E.I.N. # 81-1774565

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 February 7, 2020

Signature of a member or authorized representative of a member

Joaquin A. Sosa

Typed or printed name of signee