

L18000209019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

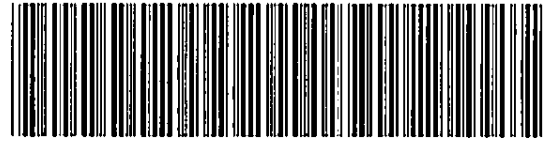
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/11/24--01021--025 **75.00

6/20/24
KIT

STATE OF TEXAS
COMPTROLLER OF PUBLIC ACCOUNTS
OFFICE OF THE COMPTROLLER OF PUBLIC ACCOUNTS
1000 NORTH BRASS CANYON ROAD
DALLAS, TEXAS 75202
TEL: 214.767.2000
WWW.CPS.AG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GMF HEALTHCARE VENTURES, LLC

Name of Limited Liability Company

The enclosed articles of Amendment and Certificate submitted for filing.

Please return all correspondence concerning this matter to the following:

IAN ILLYCH MARTINEZ, ESQ.

Name of Person

BELLO & MARTINEZ, PLLC.

Firm/Company

2850 S. DOUGLAS ROAD SUITE 303

Address

CORAL GABLES FL 33134

City/State and Zip Code

imartinez@bmlawgroup.com

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

For further information concerning this matter, please call.

IAN ILLYCH MARTINEZ

305 442-7970

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

\$25.00 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

If amending Authorized Persons) authorized to manage, enter the title, name, and address of each person being added or removed from the records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A	N/A	<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
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2004-00-11 PM 02:54

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

NA

Lined area for entering amendments or other information.

E. Effective date, other than the date of filing: _____ (optional)

(If an effective date is specified, it must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.0207 (3)(b) Note: If the date specified in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date in the Department of State's records.

If the record specifies a deemed 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: May 23 2024

(Handwritten signature)

Signature of filer or authorized representative of a member

GEORGE M. FERNANDEZ

Printed or printed name of filer

Filing Fee: \$25.00