

L21000080107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

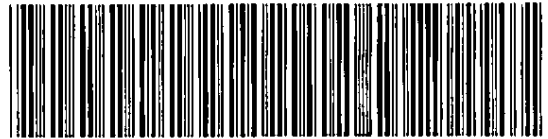
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000407425530

04/28/23--01021--006 **60.00

FILED
2023 APR 28 AM 6:17
CLERK OF STATE
TALLAHASSEE, FL

~~RECEIVED~~

R. HUNT

04/28/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTIE MEDICAL GROUP, 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:

CARLOS A AUTIE

Name of Person

Firm/Company

3212 W 114TH TER

Address

HIALEAH, FL 33018

City/State and Zip Code

ONEHEALTHCAREMEDGRP@GMAIL.COM

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

For further information concerning this matter, please call:

CARLOS A AUTIE

305 776-2442
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

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

AUTIE MEDICAL GROUP, 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 February 17, 2021 and assigned
Florida document number L21000080107.

This amendment is submitted to amend the following:

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

ONE HEALTH CARE MEDICAL GROUP, LLC

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)

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
City 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

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

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.

Dated 04/25/2023 09:00 a.m.

CARLOS A AUTIE

Filing Fee: \$25.00

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000080107

Entity Name: AUTIE MEDICAL GROUP, LLC

Current Principal Place of Business:

3212 W 114TH TER
HIALEAH, FL 33018

Current Mailing Address:

3212 W 114TH TER
HIALEAH, FL 33018 US

FEI Number: 86-2265271

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AUTIE, CARLOS A
3212 W 114TH TER
HIALEAH, FL 33018 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name AUTIE, CARLOS A
Address 3212 W 114TH TER
City-State-Zip: HIALEAH FL 33018

Title AMBR
Name PERDOMO, LIENLI
Address 3212 W 114TH TER
City-State-Zip: HIALEAH FL 33018