10/4/2017 Division of Corporations H17000261179 3

L17000262912

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GFB TAX SERVICE LLC
Account Number : I20120000047
Phone : (754)246-6160
Fax Number : (954)510-2072

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gastonbelen@gfbtaxservice.com

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2017 OCT 10 A 9:53
TALLAHASSEE, FLORIDA

2017 OCT 10 AM 11:47
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRUMAN SALUD LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUMAN SALUD 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:

GASTON BELEN
Name of Person

GFB TAX SERVICE LLC
Firm/Company

2833 EXEXUTIVE PARK DR STE 200
Address

WESTON, FL 33331
City/State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GASTON BELEN at (754) 246-6160
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

H17000261179 3

TRUMAN SALUD 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 05/03/2017 and assigned Florida document number L17000098912.

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 end with 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)

CO GFB TAX 2833 EXECUTIVE PARK DR
SUITE 200
WESTON, FL 33331

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

CO GFB TAX 2833 EXECUTIVE PARK DR
SUITE 200
WESTON, FL 33331

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: GFB TAX SERVICE LLC

New Registered Office Address: 2833 EXECUTIVE PARK DR STE 200
Enter Florida street address

WESTON Florida 33331
City *Zip Code*

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2017 OCT 10 AM 08:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	SALUD SRL T, RUMAN	20801 BISCAYNE BLVD, SUITE 306 AVENTURA, FL 33180	☐ Add ■ Remove
MGR	LARRINAGA, EDUARDO	20801 BISCAYNE BLVD, SUITE 306 AVENTURA, FL 33180	☐ Add ■ Remove
MGR	SANCHEZ, MATIAS L	20801 BISCAYNE BLVD, SUITE 306 AVENTURA, FL 33180	☐ Add ■ Remove
MGRM	EDUARDO LARRINAGA	CO GFB TAX 2833 EXECUTIVE PARK DR SUITE 200 WESTON, FL 33331	■ Add ☐ Remove
MGRM	MATIAS L. SANCHEZ	CO GFB TAX 2833 EXECUTIVE PARK DR SUITE 200 WESTON, FL 33331	■ Add ☐ Remove
			☐ Add ☐ Remove

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* H17000261179 3

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 4 2017

Signature of a member or authorized representative of a member

EDUARDO LARRINAGA

Typed or printed name of signee

Filing Fee: $25.00

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