L16000171351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

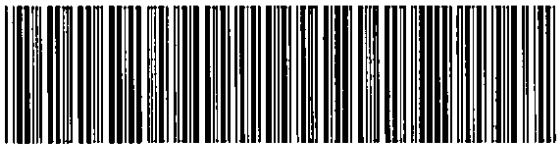
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000316858450

08/14/18--01025--034 **25.00

FILED
18 AUG 14 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
AUG 21 2018

Sily Heslin Law

August 13, 2018

Via UPS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: FH Clinic, LLC.

Dear Sir/Madam:

Enclosed please find the following:

1. Articles of Amendment to Articles of Organization;

Very truly yours,

/s/ Jennifer Sily Heslin

Jennifer Sily Heslin
Attorney

Jen@silyheslinlaw.com | O 305-500-9938 | www.SilyHeslin.com

8726 NW 26 Street, Suite 26, Doral, FL 33172
4700 NW Boca Raton Blvd., Suite 202A, Boca Raton, FL 33431

FILED
18 AUG 14 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FH CLINIC, 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 09/13/2016 and assigned Florida document number L16000171351.

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)

1221 Brickell Avenue, Suite 900
Miami, Florida 33131

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

1221 Brickell Avenue, Suite 900
Miami, Florida 33131

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

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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	ANISIO FIGUEIREDO FILHO	Rua Ana Pereira de Melo 162	☐ Add
		Bairro Campesi Cidade Osasco	■ Remove
		SP 06023-080 BR	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
18 AUG 14 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
18 AUG 14 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: August 9, 2018 **(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 August 9, 2018.

Signature of a member or authorized representative of a member

ALEXANDRA RIBEIRO FIGUEIREDO

Typed or printed name of signee

Filing Fee: $25.00

FILED
18 AUG 14 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FH CLINIC, LLC
a Florida limited liability company
(the "Company")

MEMBERSHIP REGISTER
(the "Register")

Member Name & Address	Percentage Interest
Alexandra Ribeiro Figueiredo Rua Ana Pereira de Melo 162 Bairro Campesi Osasco-SP 06023-080 Brazil	100%

Alexandra Ribeiro Figueiredo is the sole Member (as such term is defined in the Amended and Restated Limited Liability Company Agreement of the Company) of the Company who own 100% of all of the issued and outstanding membership interests of the Company as of the Effective Date.

The undersigned, as the duly authorized and acting manager of the Company, does hereby certify that this Register and the information set forth above is true and complete as of the 9th day of August, 2018 (the "Effective Date").

FH CLINIC, LLC
a Florida limited liability company

By: _____
Alexandra Ribeiro Figueiredo, Manager