

L03000021149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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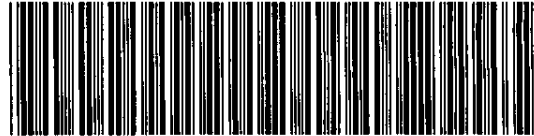
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FILED

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Y SULKER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAPS MEDICAL MANAGEMENT, 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:

FRANCES VEGA

Name of Person

CAPS MEDICAL MANAGEMENT, LLC

Firm/Company

1800 WEST HILLSBORO BLVD, SUITE 205

Address

DEERFIELD BEACH, FL. 33442

City/State and Zip Code

FVEGA@FDN.COM

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

For further information concerning this matter, please call:

FRANCES VEGA

954

428-3500

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/COURIER ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2016

FRANCES VEGA  
1800 WEST HILLSBORO BLVD SUITE 205  
DEERFIELD BEACH, FL 33442

SUBJECT: CAPS MEDICAL MANAGEMENT, L.L.C.  
Ref. Number: L03000021149

RECEIVED  
2016 NOV 18 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CAPS MEDICAL MANAGEMENT, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 016A00023721

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

CAPS MEDICAL MANAGEMENT, 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 01/08/2016 and assigned  
Florida document number LC3000021149.

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)

1800 WEST HILLSBORO BLVD

SUITE 205

DEERFIELD BEACH, FL. 33442

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

**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:

NIDIA CHEDIAK, MD

New Registered Office Address:

1800 WEST HILLSBORO BLVD, SUITE 205

*Enter Florida street address*

DEERFIELD BEACH

, Florida 33442

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMGR	FRANCES VEGA	1800 WEST HILLSBORO BLVD- DEERFIELD BEACH, FL. 33442	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	FRANCISCO PEREZ-MESA, MD	1800 WEST HILLSBORO BLVD- DEERFIELD BEACH, FL. 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	NIDIA CHEDIAK, MD	1500 EAST HILLSBORO BLVD, DEERFIELD BEACH, FL. 33441	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	VICTOR ARRIEN, MD	750 EAST SAMPLE RD, BLG 3 B POMPANO BEACH, FL. 33064	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	PAUL SPEILLER, MD	1800 WEST HILLSBORO BLVD, DEERFIELD BEACH, FL. 33442	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	<del>PAUL SPEILLER, MD</del>		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

NOV 18 2 14 PM '08  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: 09/01/2016 (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 10-27-2016

Signature of a member or authorized representative of a member

NIDIA CHEDIAR, MD

Typed or printed name of signee