

L03000040003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

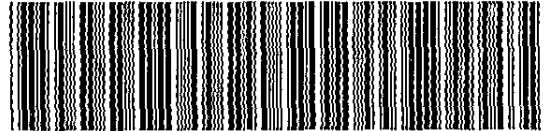
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800039057938

07/15/04--01006--003 \*\*25.00

FILED

04 JUL 14 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/15/04

Azoy Tax & Financial Services, Corp  
871 W Oakland Park Suite 302  
Oakland Park, FL 33311

Address

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED  
04 JUL 14 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

NORTH MEDICAL GROUP, LLC  
(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on October 17, 2003 and assigned document number L03000040003

**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

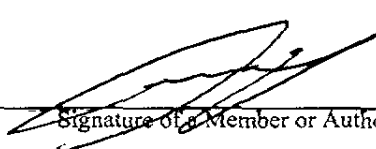
Article V

The name and address of managing member/manager is:

Title: MGRM  
ALDO PEREZ  
8641 NW 191 ST  
MIAMI GARDENS, FL 33015 US

Dated June 28, 2004

FILED  
04 JUL 14 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Signature of a Member or Authorized Representative of a Member

ALDO PEREZ

\_\_\_\_\_  
Typed or Printed Name of Signee

Filing Fee: \$25.00