

L04000014061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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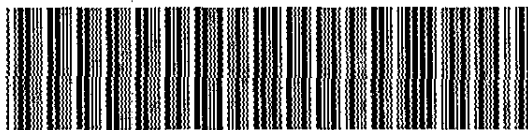
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Health Care Clinic, 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:

Miguel Grande

(Name of Person)

Grande Accounting Services

(Firm/Company)

876 NW 106 ave

(Address)

Miami Fl 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

Miguel Grande

(Name of Person)

at (786) 218-2613

(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)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

Florida Health Care Clinic, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on February 20, 2004 and assigned
document number L04000014061

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

Article II: The new Address will be : 8631 SW 16 Terrace,
Miami, FI 33155

Article III: Delete Arbilio Yanes
The New Registered Agent Will be: Edgardo Puglia MD
8631 SW 16 Terrace
Miami FI 33155

Article IV: Delete Arbilio Yanes and Efren Mendez
The new MGRM will be : Edgardo Puglia
8631 SW 16 Terr.
Miami FI 33155

Dated August 16, 2004



Signature of a member or authorized representative of a member

Edgardo Puglia

Typed or printed name of signee

Filing Fee: \$25.00

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