

105000058630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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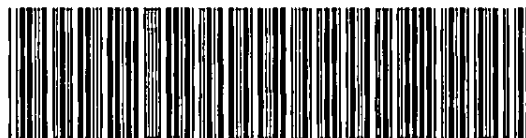
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

n BRUCE
AUG 01 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U.S. MEDICAL CARE WELLINGTON, L.L.C.

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:

SASSON MOULAVI

Name of Person

U.S. MEDICAL CARE WELLINGTON, L.L.C.

Firm/Company

3196 N FEDERAL HIGHWAY

Address

BOCA RATON, FL 33431

City/State and Zip Code

resfl1818@gmail.com

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

For further information concerning this matter, please call:

YARON COHEN

305 970-9322
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

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TALLAHASSEE, FLORIDA

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

U.S. MEDICAL CARE WELLINGTON, L.L.C.

(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 06/13/2005 and assigned
Florida document number L05000058630.

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:

1905 BLUE HERON BLVD. SUITE#9071

(Principal office address MUST BE A STREET ADDRESS)

RIVIERA BEACH, FL 33404

Enter new mailing address, if applicable:

1905 BLUE HERON BLVD. SUITE#9071

(Mailing address MAY BE A POST OFFICE BOX)

RIVIERA BEACH, FL 33404

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:

YARON COHEN

New Registered Office Address:

1905 BLUE HERON BLVD. SUITE#9071

Enter Florida street address

RIVIERA BEACH

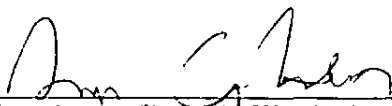
, Florida 33404

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>
MGR	SASSON MOULAVI	3196 N FEDERAL HIGHWAY	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YARON COHEN	1905 BLUE HERON BLVD.	<input checked="" type="checkbox"/> Add
		SUITE#9071	<input type="checkbox"/> Remove
		RIVIERA BEACH, FL 33404	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

(b) The 90th day after the record is filed.

Dated _____ JULY 24 2017

~~Signature of a member or authorized representative of a member~~

~~SASSON MOULAVI~~

Typed or printed name of signee