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SECRETARY OF STATE

D. BRUCE
MAY 1 4 2008

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT: MI	Name of Limited Liability Company)	רכ
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ondence concerning this matter to the following:	
	Raigh NADER (Name of Person)	
	MIAMI CENTER FOR ADVANCES CARDIOUSLY, 1	LLC
	4302 ALTON ROAD Suite 220 (Address) ARECARE	8
	MiAMI BEACK FC 33140 BE	08 HAY 12 PI
	oncerning this matter, please call:	
RALPHG	at (305) J32-6006 (Area Code & Daytime Telephone Number)	0
(Name of	(Area Code & Dayline Telephone Number)	
Enclosed is a check for the	ne following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	R FOR ADVA			LC
(<u>Name of the Limited L</u> (A F	iability Company as it now lorida Limited Liability Con	appears on our records apany)		
The Articles of Organization for this Limited Liab	oility Company were filed	on FEB 8 200	<u>56</u> and as	signed
Florida document number <u>L 06000/40</u>	<u> </u>			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	1/2	ny here:	•	
	NIA			
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability	Company," the designation	on "LLC" or the	abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered offic		s on our records, <u>en</u>	ter the name	of the nev
	/		JAL 3E 80	
Name of New Registered Agent:	N/A		OB MAY SECREIT	
New Registered Office Address:			12 AR	Ü.
		(Enter Florida stree	Es S	
	(City)	, Florida	a Significant	de)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MEMBER	RANley DESIR	2845 Aventura Blvd Suite 100 AVENNRA FL 33180	Add Remove		
MEMBER	JAY LEVINE	2845 AVENNA BLVD JUITE 100 AVENTURA FL 33180	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amendin	ng any other information, enter change((s) here: (Attach additional sheets, if necessary)			
		OF STATE E. FLORIDA			
Dated	May 8 200 Signature of a member of	r authorized representative of a member			
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00