

LO7000047309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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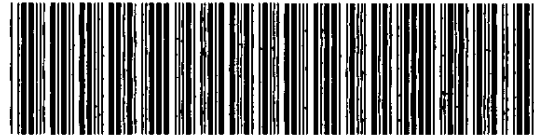
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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6/27/08

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OPTION 1 IMPORT & EXPORT, 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:

MARCOS MAESTRI

(Name of Person)

OPTION 1 IMPORT & EXPORT, LLC.

(Firm/Company)

813 SW 122ND AVENUE

(Address)

MIAMI, FL 33184

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCOS MAESTRI

(Name of Person)

at ( 305 ) 519-6388

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

OPTION 1 IMPORT & EXPORT, 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 05/03/2007 and assigned  
Florida document number L07000047309.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

OPTION 1 HEALTH CARE PROVIDERS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

813 SW 122ND AVENUE

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL 33184

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

813 SW 122ND AVENUE

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FL 33184

**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:

MARCOS MAESTRI

New Registered Office Address:

813 SW 122ND AVENUE

*(Enter Florida street address)*

MIAMI

*(City)*

, Florida 33184

*(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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ANGEL L. LOPEZ	813 SW 122ND AVENUE MIAMI, FL 33184	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MARIA L. STEFANO	11350 SW 95TH STREET MIAMI, FL 33176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GORDON S. AXELSON	9871 SW 165 TERR MIAMI, FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

*MARCO MAESTRI*

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUN 26 AM 11:55

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