

LO7000070101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

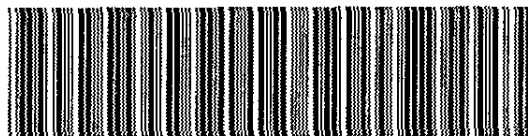
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FAITH MEDICAL INSTITUTE, 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:

**MARGARET DaCOSTA-DALLAS**

(Name of Person)

**FAITH MEDICAL INSTITUTE, LLC**

(Firm/Company)

**18301 NW 2nd COURT**

(Address)

**MIAMI GARDENS**

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

**L. Kaye Dallas**

(Name of Person)

at ( **305** ) **655-0013**

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 14, 2007

MARGARET DACOSTA-DALLAS  
18301 NW 2ND COURT  
MIAMI GARDENS, FL 33169

SUBJECT: FAITH MEDICAL INSTITUTE LLC  
Ref. Number: L07000070101

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07 AUG 21 PM 2:08  
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TALLAHASSEE, FLORIDA

We have received your document for FAITH MEDICAL INSTITUTE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 607A00049529

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

**FAITH MEDICAL INSTITUTE, LLC**

(Present Name)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FIRST:** The Articles of Organization were filed on JULY 05, 2007 and assigned document number L07000070101

**SECOND:** This amendment is submitted to amend the following:

(1) Margaret DaCosta-Dallas, Executive Director. mgrm.

(2) remove; JANET KERR, mgrm, P.O. Box 163809, Miami, FL 33116

(3) insert; L. KAYE DALLAS, mgrm, 18301 NW 2nd Court, Miami Gardens, FL 33169

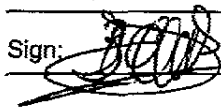
(4) remove; GOULD ADEJOLA & ASSOC., 1055 S. Congress Ave., Delray Bch, FL 33445

(5) insert; BASIL L. DALLAS, Registered Agent, 18301 NW 2nd Court, Miami Gdns, FL 33169

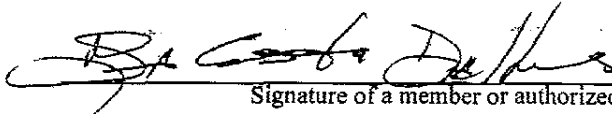
**(6) Registered Agent Acceptance & Signature**

*I, BASIL L. DALLAS, duly appointed as Registered Agent says; I am familiar with and accept the obligations, duties and responsibilities of the position for FAITH MEDICAL INSTITUTE, LLC.*

Sign:

 BASIL L. DALLAS

Dated August 09, 2007



Signature of a member or authorized representative of a member

**MARGARET DaCOSTA-DALLAS, Executive Director**

Typed or printed name of signee

Filing Fee: \$25.00