

L08000080589

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch OCT 24 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **JENSEN BEACH MEDSTAT P.L.**

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:

**Robert Rodriguez**

Name of Person

Firm/Company

**12 Elaine Court**

Address

**Woodcliff Lake, NJ 07677**

City/State and Zip Code

**secureinfo@helixcares.com**

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

For further information concerning this matter, please call:

**Robert Rodriguez**

Name of Person

at ( **917** ) **660-3779**

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

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

**JENSEN BEACH MEDSTAT P.L.**

(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 10/02/2009 and assigned  
Florida document number L08000080589

This amendment is submitted to amend the following:

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

**JENSEN BEACH MEDSTAT, L.L.C.**

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:**

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

MedStat Urgent Care Centers

1607 NW Federal Highway

STUART, FL 34994

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

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

Robert Rodriguez

12 Elaine Court

Woodcliff Lake, NJ 07677

**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:

Robert Rodriguez

New Registered Office Address:

15757 Pines Blvd #282

*Enter Florida street address*

Pembroke Pines

*City*

, Florida 33027

*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>
MGRM	BUGGIA, MARY	5183 SE GRAHAM DR STUART, FL 34997	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SORRENTINO, ANTHONY	5183 SE GRAHAM DR STUART, FL 34997	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Robert Rodriguez	12 Elaine Court Woodcliffk Lake, NJ 07677	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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Add  
Remove  
Add  
Remove

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

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

Dated October 31, 2013



Signature of a member or authorized representative of a member

Robert Rodriguez

Typed or printed name of signee

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Filing Fee: \$25.00

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