

LOS0000084519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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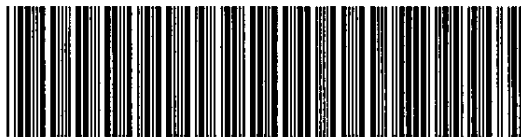
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 3 2015

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IDEAL FAMILY HEALTH, 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:

DR. OTNIEL HERNANDEZ

Name of Person

INSTITUTE OF PREVENTIVE MEDICINE, LLC

Firm/Company

13284 NW 10 ST

Address

MIAMI, FL 33182

City/State and Zip Code

dr_ohernandez@yahoo.com

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

For further information concerning this matter, please call:

Dr. Otniel Hernandez

305 at ()

842-4203

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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and assigned
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Abbreviation "L.L.C."

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			☐ Add
			☐ Remove
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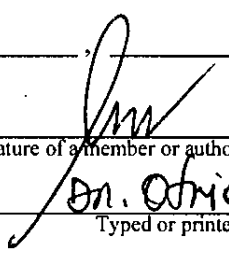
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2-14-15



Signature of a member or authorized representative of a member

Dr. Ornel Hernandez

Typed or printed name of signee

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Filing Fee: \$25.00

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