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G. MCLEOD

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**EXAMINER** 



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03/18/09--01009--018 \*\*25.00

## **COVER LETTER**

|   | ation Section<br>n of Corporations        |                                  |   |
|---|---|----------------------------------|---|
| SUBJECT: R  | OTEM AMIR, M.D.,LLC                       |                                  |   |
|   | (Name o                                   | of Limited Liability Con         | npany)  |
| Dear Sir or Mad   | am:                                       |                                  |   |
| The enclosed A  | ticles of Correction and fee(s) a         | re submitted for filing.         |   |
| Please return al  | correspondence concerning this            | s matter to the following        | g:  |
| GUILLERM  | O DE HOWARTZ                              |                                  |   |
|   | (Name of Person)                          |                                  | _   |
| IN BALANCE  | ACCOUNTING SYSTEM                         | MS LLC                           | _   |
|   | (Firm/Company)                            |                                  |   |
| 1825 PONC   | E DE LEON BLVD STE 38                     | 30                               |   |
| •   | (Address)                                 |                                  | _   |
| CORAL GAE   | LES, FL 33134                             |                                  | _   |
|   | (City/State and Zip Code)                 |                                  |   |
| For further info  | mation concerning this matter,            | please call:                     |   |
| GUILLERMO   | DE HOWARTZ                                | at (_ 305                        | 567-0363  |
|   | (Name of Person)                          | (Area Code &                     | 2 Daytime Telephone Number)   |
| STREET/COU<br>Registration Ser<br>Division of Cor<br>Clifton-Building<br>2661 Executive<br>Tallahassee, Flo | porations<br>Center Circle                |                                  | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, Florida 32314 |
| Enclosed is a c   | neck for the following amount             | :                                |   |
| 2 \$25 Filing Fo  | e \$30 Filing Fee & Certificate of Status | \$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy   |

# ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

| FIRST<br>ROTEM                  | <u>Γ</u> : Τ΄<br>AMIR, M.D., | The name of the limited liability company is:   |            |  |  |
|---------------------------------|------------------------------|---|------------|--|--|
| SECO<br>(CH                     | <del></del>                  | The articles of organization or the application to transact business  HE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA  | TEMENT     |  |  |
| <i>-</i>                        | Contains                     | ns an incorrect statement. The incorrect statement, the reason the states ct, and the corrected statement are as follows:  INCIPAL AND MAILING ADDRESS WERE SUBMITTED INCORRECTLY. THE CO | ment is    |  |  |
|                                 | ADDRES                       | SS FOR BOTH SHOULD BE, 3702 WASHINGTON STREET, SUITE 305  |            |  |  |
|                                 | HOLLYW                       | WOOD, FL 33021  |            |  |  |
|                                 |                              |   | 09 MAR     |  |  |
|                                 | <u>OR</u>                    |   | k 20       |  |  |
|                                 | Was defe                     | fectively signed. The manner in which the document was defectively ropriate correction are as follows:  | signed and |  |  |
|                                 |                              |   |            |  |  |
|                                 |                              |   |            |  |  |
| Dated:                          | MARCH                        | H 16 , 2009 .   |            |  |  |
|                                 | -                            | Signature of a member or authorized representative of a member  |            |  |  |
|                                 | (                            | GUILLERMO DE HOWARTZ  |            |  |  |
| Typed or printed name of signee |                              |   |            |  |  |
|                                 |                              | Filing Fee: \$25.00   |            |  |  |

Certified Copy:

\$30.00 (optional)

# Electronic Articles of Organization For Florida Limited Liability Company

L09000025039 FILED 8:00 AM March 13, 2009 Sec. Of State gmcleod

#### Article I

The name of the Limited Liability Company is: ROTEM AMIR, M.D., LLC

#### Article II

The street address of the principal office of the Limited Liability Company is:

956 MOCKINGBIRD LN SUITE 505 PLANTATION, FL. 33324

The mailing address of the Limited Liability Company is:

956 MOCKINGBIRD LN SUITE 505 PLANTATION, FL. 33324

#### Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

#### Article IV

The name and Florida street address of the registered agent is:

GREGG R WEISS 99 NE 167TH STREET SUITE 102 NORHT MIAMI BEACH, FL. 33162

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: GREGG R. WEISS, ESQ

# **Article V**

The name and address of managing members/managers are:

Title: MGRM ROTEM AMIR 956 MOCKINGBIRD LN PLANTATION, FL. 33324

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# **Article VI**

The effective date for this Limited Liability Company shall be: 03/16/2009

Signature of member or an authorized representative of a member Signature: ROTEM AMIR, M.D.