

L09000082002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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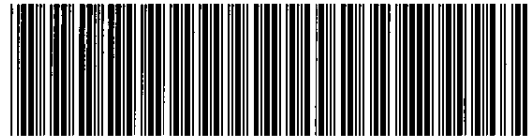
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC -3 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Osceola Medical Care 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:

Carlos ThurdeKoos
Name of Person

Firm/Company

P O Box 691089
Address

Orlando, FL 32869
City/State and Zip Code

info@mctgroup.us
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carlos ThurdeKoos at (407) 481-8530
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

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

Osceola Medical Care 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 August 25, 2009 and assigned
Florida document number L09000082002.

This amendment is submitted to amend the following:

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

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:

2497 Trafalgar Boulevard

(Principal office address MUST BE A STREET ADDRESS)

Kissimmee, FL 34758

Enter new mailing address, if applicable:

P O Box 691089

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32869

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:

New Registered Office Address:

~~2501 Trafalgar Boulevard~~

Enter Florida street address

Kissimmee

, Florida 34758

City

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	Luis A. Sosa-Lozano	2501 Trafalgar Boulevard Kissimmee, FL 34758	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Monica E. Cabrera-Parra	2501 Trafalgar Boulevard Kissimmee, FL 34758	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

11/29/10



Signature of a member or authorized representative of a member

Carlos ThurdeKoos

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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