

L10000010944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

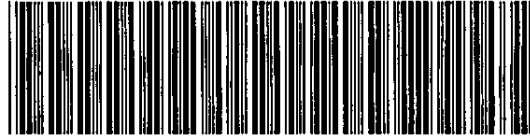
(Document Number)

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2016 MAY - 2 A 11: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2016

MIGUEL MATO
1 NE 167 STREET
NORTH MIAMI BEACH, FL 33162

SUBJECT: PERSONAL CARE MEDICAL GROUP LLC
Ref. Number: L10000010944

We have received your document for PERSONAL CARE MEDICAL GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 216A00008264

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERSONAL CARE MEDICAL GROUP 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:

MIGUEL MATO

Name of Person

PERSONAL CARE MEDICAL GROUP LLC

Firm/Company

1 NE 167 STREET

Address

NORTH MIAMI BEACH, FL 33162

City/State and Zip Code

migmato54@gmail.com

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

For further information concerning this matter, please call:

MIGUEL MATO

7863463

10.00 am to 4.00 pm

at ()

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**

PERSONAL CARE MEDICAL GROUP 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 01/27/2010

Florida document number L 10000010944

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ROBBIE CHAMOUN

New Registered Office Address:

1 NE 167 STREET

Enter Florida street address

NORTH MIAMI BEACH

Florida

33162

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 605, 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

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2010 MAR-2 A 11:52
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TALLAHASSEE, FLORIDA

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

[illegible]

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

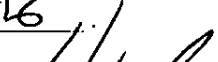
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 7 April 24, 2016



Signature of a member or authorized representative of a member

MITQUEY NATO

Typed or printed name of signee

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2015 MAY - 2 A 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA