

L10000014057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entry Name)

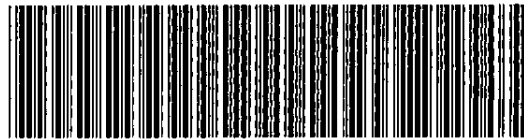
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN -5 AM 10:20

N. Culligan JAN -5 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&P MED 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:

ANA G FALCON

Name of Person

A&P MED LLC

Firm/Company

2600 NW 87 AVENUE

Address

DORAL FL 33172 US

City/State and Zip Code

BUSINESSACCTPROF@GMAIL.COM

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

For further information concerning this matter, please call:

ANA G. FALCON

Name of Person

at (305)

303-6939

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2010

ANA G. FALCON 2ND ML
17670 NW 78 AVENUE, SUITE 208
HIALEAH, FL 33015

SUBJECT: A&P MED LLC
Ref. Number: L10000014057

We have received your document for A&P MED LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 810A00028571

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
11 JAN -5 AM 10:20

A&P MED 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 02/05/2010 and assigned
Florida document number L10000014057

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:

(Principal office address MUST BE A STREET ADDRESS)

2600 NW 87 AVENUE

DORAL FL 33172 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2600 NW 87 AVENUE

DORAL FL 33172 US

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:

BUSINESS ACCOUNTING PROFESSIONALS, CORP

New Registered Office Address:

17670 NW 78 AVENUE, SUITE 208

Enter Florida street address

HIALEAH

City

Florida

33015

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.

[Signature]
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>
MGR	FELIX PEREZ	8880 NW 15TH STREET MIAMI FL 33172 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ANA T CONTRERA	8880 NW 15TH STREET MIAMI FL 33172 US	<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 11/16/2010



Signature of a member or authorized representative of a member

ANA G. FALCON

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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DIVISION OF CORPORATION