

L10000075264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

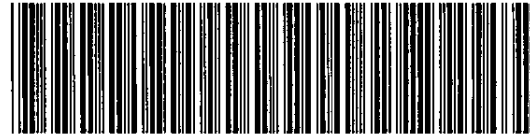
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 19 2013
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2013

PETER HERNANDEZ
6355 NW 36 STREET, SUITE 604
VIRGINIA GARDENS, FL 33166

SUBJECT: REVITAL MEDICAL HEALTH GROUP, LLC
Ref. Number: L10000075264

We have received your document for REVITAL MEDICAL HEALTH GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 413A00021260

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Revital Medical Health 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:

Peter Hernandez
Name of Person

Revital Medical Health Group LLC
Firm/Company

6355 NW 36 Street #604
Address

Virginia Gardens, FL 33166
City/State and Zip Code

phernandezhealthcare@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Hernandez at (786) 543 4327
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE FLORIDA

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Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee
<i>Previously Paid
in Account</i> | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Revital Medical Health 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 7-16-2010 and assigned Florida document number L10000075264.

This amendment is submitted to amend the following:

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

- N/A -

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)

6355 NW 36 Street

#604

Virginia Gardens, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6355 NW 36 Street

#604

Virginia Gardens, FL 33166

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:

Peter Hernandez

New Registered Office Address:

6355 NW 36 Street #604

Enter Florida street address

Virginia Gardens

Florida

City

33166

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.

Peter Hernandez
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

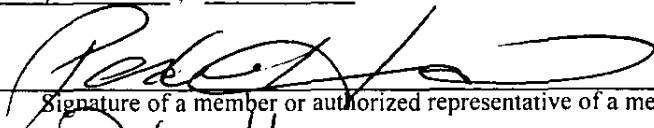
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Peter Hernandez	6355 NW 36 ST	<input checked="" type="checkbox"/> Add
		#604	<input type="checkbox"/> Remove
		Virginia Gardens, FL 33166	
MGR	Manuel Sanchez	6355 NW 26 ST	<input checked="" type="checkbox"/> Add
		#604	<input type="checkbox"/> Remove
		Virginia Gardens, FL 33166	
MGR	Liliana Caragol	6355 NW 26 ST	<input checked="" type="checkbox"/> Add
		#604	<input type="checkbox"/> Remove
		Virginia Gardens, FL 33166	
MGR	Moraine Rodriguez	6355 NW 26 ST	<input checked="" type="checkbox"/> Add
		#604	<input type="checkbox"/> Remove
		Virginia Gardens, FL 33166	
MGR	Shirley Berenger RM	6355 NW 36	<input checked="" type="checkbox"/> Add
		#604	<input type="checkbox"/> Remove
		Virginia Gardens, FL 33166	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Sept 15, 2012.



Signature of a member or authorized representative of a member

Peter Hernandez

Typed or printed name of signee

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Filing Fee: \$25.00 - *Previously Paid*

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