

L10000076928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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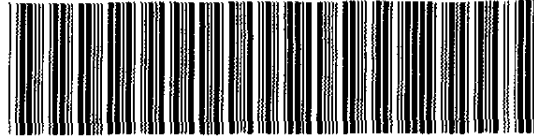
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J. B.

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MAY

EXA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2011

JACK MILBERY
MILBERY & KESSELMAN, CPA'S, LLC
2800 W. STATE ROAD 84, STE. 105
FORT LAUDERDALE, FL 33312

SUBJECT: TRI-COUNTY ACCIDENT CARE, LLC
Ref. Number: L10000076928

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TALLAHASSEE, FLORIDA

We have received your document for TRI-COUNTY ACCIDENT CARE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 011A00009289

ARTICLES OF AMENDMENT
TO,
ARTICLES OF ORGANIZATION
OF

TRI-COUNTY ACCIDENT 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 _____
Florida document number L10000076928

This amendment is submitted to amend the following: _____
7/22/10

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**)

2780 SW 116 AVENUE
DAVIE, FL 33330

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

2780 SW 116 AVENUE
DAVIE, FL 33330

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:

JOAQUIN A. BARREDA
2780 SW 116 AVE.
DAVIE City, Florida 33330 Zip Code
Enter Florida street address

Agent's Signature, if changing Registered Agent:

I am appointing as registered agent and agree to act in this capacity. I further agree to comply with all statutes relative to the proper and complete performance of my duties, and I am familiar with and understand my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is filed in writing of this change, I hereby confirm that the limited liability

[Signature]
If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 2

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TALLAHASSEE, FLORIDA

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>
P	LUIS ROMAN	236 NE 28 STREET, APT. 3B MIAMI, FL 33137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	ANAILEC RODRIGUEZ	8099 W. 14 COURT HIALEAH, FL 33014	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	JOAQUIN BARREDA	2780 SW 116 AVENUE DAVIE, FL 33330	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	JOAQUIN BARREDA	2780 SW 116 AVENUE DAVIE, FL 33330	<input checked="" 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 March 21, 2011


Signature of a member or authorized representative of a member

JOAQUIN BARREDA

Typed or printed name of signee

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