L11000005220

(Requestor's Name)							
(Address)							
(Address)							
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PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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2011 NOV LO PH 2: 15
SECNETARY OF STATE

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EXAMINER

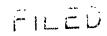
COVER LETTER

4					
TO:	Registration Section Division of Corporations	٠4.	4. 14	ж. 4 - ж.	
SUBJEC	CT: HEALTHCORE	CLINICS	OF SOUTH I	FLORIDA. I	ILC
OUBSER			iability Company		
The encl	osed Articles of Amendment and i	ee(s) are submitte	ed for filing.		
	turn all correspondence concernin		_		
		MIC	CHAEL D. WIL	.D	
			Name of Person		
		WILD, F	ELICE & PARI	00. PA	
		····································	Firm/Company		,
		101 N PINI	E ISLAND RD,	STE 201	
			Address		
		PLAN	Γ <u>A</u> TION, FL 33	3324	
	 ·	Cit	y/State and Zip Code	;	
	 	MWILD	@WFPLAW.C	COM	
			ised for future annual	report notification	1)
For further	er information concerning this mat	ter, please call:			
	MICHAEL D. WILD	•	at (954)	944	-2855
	Name of Person			le & Daytime Tele	phone Number
Enclosed	is a check for the following amou	nt:			
	· ·		ldee oo mir . m	a r	
▼]\$23.00	O Filing Fee \$30.00 Filing Certificate		\$55.00 Filing Fee Certified Copy (additional copy	_	\$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



2011 NOV 10 PH 2: 15

HEALTHCORE CLINICS OF SOUTH FLORIDA, LLC SECRETARY OF STATE

(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 I	Liability Company	were filed on	01/13/2011	and assigned		
Florida document numberL1100000	5220					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	oility company here	<u>:</u> :			
N/A						
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compar	ny," the designation "I	LC" or the abbreviation		
Enter new principal offices address, if applicable:		N/A				
(Principal office address MUST BE A STREA						
Enter new mailing address, if applicable:		N/A				
(Mailing address MAY BE A POST OFFICE	(BOX)					
B. If amending the registered agent and			ur records, <u>enter t</u>	he name of the new		
registered agent and/or the new registered o	ffice address her	<u>e</u> :				
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Enter Florida street address				
			. Florida			
		City	, Florida	Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as reg being filed to merely reflect a change in the	proper and comp istered agent as p	lete performance o provided for in Cha	f my duties, and I a apter 608, F.S. Or,	m familiar with and if this document is		
company has been notified in writing of this			•	·		

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 Type of Action Title <u>Address</u> <u>Name</u> **MGRM** LIZZETTE REY **☑** Add 8967 TAFT STREET PEMBROKE PINES, FL 33024 Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove ___Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **OCTOBER 28** Dated ignature of a member or authorized representative of a member RoFael Rey De Typed or printed name of signee

Page 2 of 2