

L11000009810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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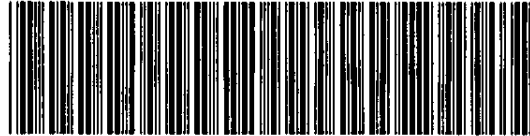
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 26 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL GROUP & DIAGNOSTICS LLC

Name of Limited liability Company

The enclosed Articles of Amendment and doc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS S. VERA

Name of Person

Firm/Company

5200 SW 8 STREET, STE 150

Address

CORAL GABLES FL 33134

City/State and Zip Code

SANTIAGO@MASHIKOS.COM

E-mail address: (to use for future annual report Notification)

For further information concerning this matter please call:

JESUS S. VERA

Name of Person

At (305) 761-6685

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 Cop)
(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

ESTREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MEDICAL GROUP & DIAGNOSTICS 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 JANUARY 24
2011

Florida document number L11000009810

This amendment is submitted to amend the following:

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

MEDGROUP MEDICAL CENTER, LLC

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 office 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)

8. If amending the registered agent and/or registered office address on our record, 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:

Enter Florida street address

City

Florida

Zip Code:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act on this capacity. I further agree to comply with the Provisions of all statutes relative to the proper and complete performance of my duties, and familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, is his 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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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 5, 2015



Signature of a member or authorized representative of a member

MANAGING MEMBER

Typed or printed name of signee

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Filing Fee: \$25.00

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