

L11000027348

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 18 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ONE HEALTH MEDICAL CENTERS, 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:

Kirsten Eylerts

Name of Person

One Health Medical Centers, LLC

Firm/Company

2151 S. Le Jeune Road, Suite 202

Address

Coral Gables, FL 33134

City/State and Zip Code

kirsten@matusalem.com

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

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For further information concerning this matter, please call:

Kirsten Eylerts

Name of Person

at (305) 448-8255 ext. 4710

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ONE HEALTH MEDICAL CENTERS, 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 March 4, 2011 and assigned Florida document number L11000027348.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

Kirsten Eylerts

New Registered Office Address:

2151 S. Le Jeune Road, Suite 202

Enter Florida street address

Coral Gables

, Florida

33134

City

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.


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>
MGRM	CLAUDIO R. ALVAREZ	2151 S. Le Jeune Road Suite 202 Coral Gables, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NICOLAS R. ALVAREZ	2151 S. Le Jeune Road Suite 202 Coral Gables, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CRISTINA A. DE SOLO	2151 S. Le Jeune Road Suite 202 Coral Gables, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FLORIDA HEALTH INVEST Investments, LLC	2151 S. Le Jeune Road Suite 202 Coral Gables, FL 33134	<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 Oct. 11, 2011

Kirsten Eylerts
Signature of a member or authorized representative of a member

Kirsten Eylerts
Typed or printed name of signee

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