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T. CLINE

OCT 18 2011

**EXAMINER** 

# **COVER LETTER**

Division of C						
SUBJECT:	P.C. M	EDICAL L.L.C.				
	Name of Lim	Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	pondence concerning this matte	r to the following:				
IVAN FAGUNDEZ						
		Name of Person				
Firm/Company						
11101 N.W. 70TH STREET Address						
	DC	DORAL, FLORIDA 33178  City/State and Zip Code				
	ORI E-mail address: (	INAZ@HOTMAIL.COM				
For further information	concerning this matter, please of	·	······			
	RLINA ZAMRY	at (_305 )	923-0729	2011 SEC		
Name	of Person	Area Code & Dayti	me Telephone Number	2011 OCT 17 SECRETARY ALL AHASSE	Markette	
Enclosed is a check for	the following amount:			Y OF		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		ng Free == == o Status & ==	)	

## 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

	P.C. MEDIC	CAL, L.L.C.				
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited	nny as it now appears o Liability Company)	n our records.)			
The Articles of Organization for this Limited L	ability Company	were filed on OC	OBER 11, 2011	and assig	ned	
Florida document numberL11000116						
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liab	bility company here:				
	N/A	4				
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Company	" the designation "LL	C" or the abl	reviation	
Enter new principal offices address, if applic	able:	N/A				
(Principal office address MUST BE A STREE	T ADDRESS)			Fu E	<u> </u>	
				<u> 59                                   </u>	· <u>\</u>	
				AY A	1390	
Enter new mailing address, if applicable:		N/A		Kar Kar≺	3	
(Mailing address MAY BE A POST OFFICE	BOX)			F. C.		
		,		10F		
				<u> </u>		
B. If amending the registered agent and/or the new registered of			records, enter the	e name of	the new	
Name of New Registered Agent:	N/A					
New Registered Office Address:						
<del>-</del>	Enter Florida street address					
		, Florida				
t	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 **Type of Action Address** <u>Title</u> <u>Name</u> MARIA KABBABE MGRM 2441 N.W. 93 AVENUE STE 102 A/B ✓ Add DORAL\_FLORIDA 33172 ☐ Remove ☐ Add Remove \_\_\_ Add Remove ☐ Add Remove □Add □Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 October 12 Dated Signature of a member of authorized representative of a member Orlina Zamry

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00