

# L11000134043

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

127642

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H17000173028 3)))



H170001730283ABC9

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORP USA

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please**

Email Address: \_\_\_\_\_

FILED  
17 JUN 30 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2017 JUN 30 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UNITED PHYSICIANS OF SOUTH FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JUL 03 2017

Y SUL

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H 17000173028

United Physicians of South Florida, 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 \_\_\_\_\_ and assigned  
Florida document number L11000134043

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

FILED  
17 JUN 30 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

J. Alfredo Armas

New Registered Office Address:

4960 Sw 72nd Avenue, Suite 206

Enter Florida street address

Miami

City

Florida 33155

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 605, 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.

Eduardo Beitia / for J. Alfredo Armas  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	EBertran Investments, LLC	4960 Sw 72nd Avenue, Suite 206.	<input checked="" type="checkbox"/> Add
		Miami, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Evelyn A. Delgado	14931 SW 38 street, Dvie, FL 3333	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dannysi Parla	11400 SW 196 Street	<input type="checkbox"/> Add
		Miami, FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jesus Portuatin	4165 SW 190th Avenue	<input type="checkbox"/> Add
		Miramar, FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pedro Sanchez-Diaz	8080 W. Flagler Street, 2-A	<input type="checkbox"/> Add
		Miami, FL 33144	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Pedro Sanchez-Diaz		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
17 JUN 30 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

SECRETARY OF STATE  
WILLIAMS, Florida

17 JUN 30 AM 8:49

100

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

(b) The 90th day after the record is filed.

Dated June 29, 2017

Eduard Bertram

Signature of a member or authorized representative of a member

Eduardo B. Bertran, Mgr. of EBertran Investments, LLC

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

417000173028