L12000046073

	(Requestor's Name)		
1	(Address)		
	(Address)		
1	(Addiess)		
-	(City/State/Zip/Phone #)		
PICK-UF	P		
	(Business Entity Name)		
	(Document Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
:			

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SECRETARY OF STATE

S WarrenJAN 2 4 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2017

RALPH RODRIGUEZ MD 1726 MEDICAL BLVD SUITE 201 NAPLES, FL 34110

SUBJECT: INTERNAL MEDICINE AND WOUND CARE SPECIALIST LLC

Ref. Number: L12000046073

We have received your document for INTERNAL MEDICINE AND WOUND CARE SPECIALIST LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 717A00000398





COVER LETTER

SUBJECT: Inte	rnal Hedicine of Name of Limit	Curd Wound Coive Sited Liability Company	Specialist LLC
	Amendment and fee(s) are sub-	_	
Please return all correspon	ndence concerning this matter	to the following:	
	Ralph To	20driquez MI	D
	Interval Med	Name of Person Icine and Wound (Cove Specialist LLC
•	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	1726 Medica	1 Blud Suite 20	DI
		Address	
	Naples, F	1 34110	
	Maco to 60 E-mail address: (1	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	ication)
For further information co	oncerning this matter, please ca	ill:	
Ralph Rody Name of	Person	at (239) CH-C Area Code Daytime	Control of the Contro
Enclosed is a check for th	e 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:

TO: Registration Section

Division of Corporations

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

TO ARTICLES OF ORGANIZATION OF

Interval Medicine and Wound Come Specialist 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 Co	umpany wara filad an	4-4-	-3013	and assigned	
Florida document number L13000046073	S			and assigned	
This amendment is submitted to amend the following:					
•					
A. If amending name, <u>enter the new name of the limit</u>	ed liability company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," th	ne designation "Ll	.C" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	ESS)				
	<u> </u>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
Name of New Registered Agent:					
New Registered Office Address:	Eutan	Florida street addr	· ·		
				·	
	City	, I	Tlorida	Zip Code	
New Registered Agent's Signature, if changing Registered	-			·	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and confacept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	inplete performance ent as provided for i office address, I he	of my duties, n Chapter 605 reby confirm t	and I am fan I, F.S. Or, if hat the limit HASSE LARY	niliar with and this document is sed liability	ie
	If Changing Registered	Agent, Signatur	£ داسات آ	stered Agent	
	Page 1 of 3		STA:	, •	

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alejandro Blanco	1721 11 116 1 2 1 1 1 Guldo 201	□ Add
		1726 Hedicul Blud Suide 201 Naples, Fl, 34110	⊠ Remove
			Change
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(If an ef Note:	ive date, if other than the date of filing: Sective date is listed, the date must be specific and cannot be part the date inserted in this block does not meet the apparent's effective date on the Department of State's reco	rior to date of filing or more than 90 day officable statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.0207 (3) nts, this date will not be listed as the
	cord specifies a delayed effective date, but 90th day after the record is filed.	not an effective time, at 12	:01 a.m. on the earlier of:
Dated	28 December 201	athorized representative of a member	
		the state of the second state of the second state of the second s	FFS D
	Rulph Rodu	19UEZ	3. OR
	Typed or p	rinted name of signee	DA U

Page 3 of 3

Filing Fee: \$25.00