

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet 53164.

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.

(((H12000207341 3)))



H120002073413ABCU

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 : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

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

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PEDEM, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY  
EXAMINER

AUG 20 2012

FILED

12 AUG 17 AM 8:45

RECEIVED

12 AUG 17 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

412000207341

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PEDEM, PLLC**  
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:

**MAX A. ADAMS**

Name of Person

**THE MEDILAW FIRM**

Firm/Company

**325 ALMERIA AVENUE**

Address

**CORAL GABLES, FL. 33134**

City/State and Zip Code

**angie@themedilawfirm.com**

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

For further information concerning this matter, please call:

**Angela Perez**

Name of Person

at ( **305** )

**444-3484**

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

FILED  
12 AUG 17 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PEDEM, PLLC.

(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 06/26/2012 and assigned  
Florida document number L12000062081.

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)

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:

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 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

H12000207341

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	L ANTONIO TAVAREZ MD	5975 SUNSET DR STE 402 S MIAMI, FL 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MEURICE JEAN-PIERRE	5975 SUNSET DR STE 402 S MIAMI, FL 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TAVAREZ EM LLC	5975 SUNSET DR STE 402 S MIAMI, FL 33143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JP PEDIATRIC EMERGENCY, LLC	5975 SUNSET DR STE 402 S MIAMI, FL 33143	<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 \_\_\_\_\_



Signature of a member or authorized representative of a member

MAX A. ADAMS, ESQ.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H12000207341