

L120VVU64923

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AUG 14 2012

EXAMINER



100238340201

08/13/12--01050--009 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 13 PM 3:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICA Support 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:

GILBERTO CRUZ
Name of Person
MEDICA Support LLC
Firm/Company
8004 NW 154 ST #418
Address
Hialeah, FL 33016
City/State and Zip Code
MEDICATECH4@gmail.com
E-mail address: (to be used for future annual report notification)

FILED STATE
SECRETARY OF CORPORATIONS
12 AUG 13 PM 3:24

For further information concerning this matter, please call:

Gilberto Cruz at 786-484 1212
Name of Person 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

MEDICA Support LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 AUG 13 PM 3:21

The Articles of Organization for this Limited Liability Company were filed on May 14, 2012 and assigned
Florida document number 1200004923

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)

5958 W 16 AVE

Hialeah FL 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8004 NW 154 ST #418

Miami Lakes, FL 33016

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:

Gilberto Cruz

New Registered Office Address:

8004 NW 154 ST #418

Enter Florida street address

Miami Lakes
City

Florida

33016
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.

[Signature]
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

Title	Name	Address	Type of Action
President	GILBERTO CRUZ	5958 W 16 AVE Hialeah FL 33012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P/Mgr	Diosdado MARTINEZ	6011 W 16 AVE Hialeah FL 33012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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 8/2/12

Signature of a member or authorized representative of a member

Diosdado MARTINEZ

Typed or printed name of signee