

L12000080372

(Requestor's Name)

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(Address)

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(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: South Florida Urgent Care Centers 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:

Maria Gomez

Name of Person

South Florida Urgent Care Centers LLC

Firm/Company

302 NW 179TH Avenue, Suite 103

Address

Pembroke Pines, Florida 33029

City/State and Zip Code

mgomez6519@yahoo.com

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

For further information concerning this matter, please call:

Maria Gomez

Name of Person

954 442-8380

at ( )

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



# Credentiaing Solutions, Inc.

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February 12, 2013

Florida Department of State  
Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: South Florida Urgent Care Centers LLC  
Change of MGR  
Change of Address

To Whom It May Concern:

Enclosed please find the completed Articles of Amendment to Articles of Organization for South Florida Urgent Care Centers, LLC. In addition, also please find a check in the amount of \$30.00 for the Filing Fee and Certificate of Status.

If you need additional information please call our office.

Kind regards,



Jorge Garcia

15645 S.W. 90<sup>th</sup> Terrace  
Miami, Florida 33196

Telephone: (305) 401-2244

Fax: (305) 383-7408

[www.credentialingsolutionsinc.com](http://www.credentialingsolutionsinc.com)  
[allcredentialingsolutions@hotmail.com](mailto:allcredentialingsolutions@hotmail.com)

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

South Florida Urgent Care Centers, 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 June 18, 2012 and assigned  
Florida document number L12000080372.

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)**

302 NW 179Th Avenue, Suite 103

Pembroke Pines, Florida 33029

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

302 NW 179Th Avenue, Suite 103

Pembroke Pines, Florida 33029

**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:

302 NW 179Th Avenue, Suite 103

*Enter Florida street address*

Pembroke Pines

*City*

, Florida 33029

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Graciela Rivera Guzman	3323 NW 201 Street	<input type="checkbox"/> Add
		Miami, Florida 33015	<input checked="" type="checkbox"/> Remove
MGR	Albert Hidalgo	302 NW 179Th Avenue	<input checked="" type="checkbox"/> Add
		Suite 103	<input type="checkbox"/> Remove
		Pembroke Pines, FL 33029	
			<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.)

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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

**Jorge Garcia - Authorized Representative**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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