

L12000082793

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EXAMINER



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 15 PM 2:48

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEST FLORIDA MEDICAL SERVICE 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:

OSVALDO PINEIRO

Name of Person

BEST FLORIDA MEDICAL SERVICE LLC

Firm/Company

1378 CORAL WAY, 4TH FLOOR

Address

MIAMI, FLORIDA 33145

City/State and Zip Code

bestflms@gmail.com

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

For further information concerning this matter, please call:

OSVALDO PINEIRO

Name of Person

at ( 786 )

469-9616

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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

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

**BEST FLORIDA MEDICAL SERVICE 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 22, 2012 and assigned  
Florida document number L12000082793.

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)

1378 CORAL WAY, 4TH FLOOR

MIAMI, FLORIDA

33145

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

(Mailing address MAY BE A POST OFFICE BOX)

1378 CORAL WAY, 4TH FLOOR

MIAMI, FLORIDA

33145

**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:

1378 CORAL WAY, 4TH FLOOR

*Enter Florida street address*

MIAMI

Florida

33145

*City*

*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

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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

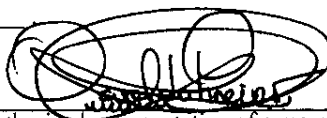
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FAUSTINO GONZALEZ	1378 CORAL WAY, 4TH FLOOR MIAMI, FLORIDA 33145	<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
			<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.)*

ADD EIN# 80-0828873

Dated AUGUST 9, 2012



Signature of a member or authorized representative of a member

OSVALDO PINEIRO

Typed or printed name of signee