

#L12000145030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

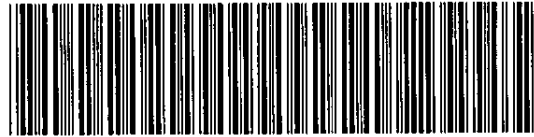
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 APR 18 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

APR 22 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Moises Salama MD 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:

Ruben Salama

Name of Person

Moises Salama MD LLC

Firm/Company

21097 NE 27th Ct, Suite 335

Address

Aventura, FL. 33180

City/State and Zip Code

contact@epsmiami.com

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

For further information concerning this matter, please call:

ruben salama

Name of Person

at **(786) 4232351**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

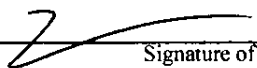
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Moises Salama	21097 NE 27th Ct, #335	<input type="checkbox"/> Add
		Aventura, FL. 33180	<input checked="" type="checkbox"/> Remove
MGR	Moises Salama	21097 NE 27th Ct, #335	<input checked="" type="checkbox"/> Add
		Aventura, FL. 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 15, 2014



Signature of a member or authorized representative of a member
Moises Salama

Typed or printed name of signee