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SECRETARY OF STATE

K.SALY EXAMINER APR 2 2 2014

COVER LETTER

TO: Registration Security Division of Cor			
SUBJECT: Moise	es Salama MD	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ruben Salaı	ma	
		Name of Person	······································
	Moises Sala	ma MD LLC	
		Firm/Company	
	21097 NE 2	7th Ct, Suite 335	
		Address	
	Aventura, Fl	33180	
	contact@onemia	City/State and Zip Code	
	contact@epsmia E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
ruben salar	na	786 ₎ 42323	51
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

F		, _F	D
2014 APR	,		U
Stron	18	PM	4

Moises Salama MD LLC		TALL METARY PH 4:57
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on ou ida Limited Liability Company)	TALLAHASSEE, FLORIDE
The Articles of Organization for this Limited Liability Florida document number L12000145030	Company were filed on 11/13/2	012 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the words	Limited Liability Company," the designar	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	, 	
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or re- registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Moises Salama	21097 NE 27th Ct, #33	5_ _{□ Add}
		Aventura, FL. 33180	Remove
MGR	Moises Salama	21097 NE 27th Ct, #33	5Add
		Aventura, FL. 33180	☐ Remove
			Remove
			□ Remove
			Remove
			Remove

		
		
factive data if other than the da	te of filing:	(optional)
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Filing Fee: \$25.00