

L12000150972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

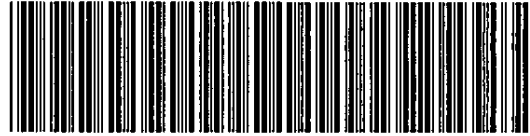
(Business Entity Name)

(Document Number)

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2014 APR 17 PM 12:14  
TALLAHASSEE, FLORIDA

APR 21 2014

BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wound Care Management Specialists, 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:

Christine Worthen, Esq.

Name of Person

Broad and Cassel

Firm/Company

One Financial Plaza, Suite 2700

Address

Fort Lauderdale, FL 33394

City/State and Zip Code

CWorthen@broadandcassel.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Christine Worthen, Esq.

Name of Person

at 954 764-7060

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**

Wound Care Management Specialists, 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 12/30/2012 and assigned  
Florida document number L12000150972.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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: Broad and Cassel

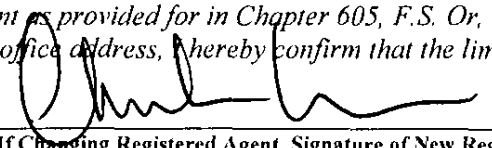
New Registered Office Address: One Financial Plaza, Suite 2700

*Enter Florida street address*

Fort Lauderdale, Florida 33394  
*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, 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	Issa, Moises MD	6517 Taft Street	<input type="checkbox"/> Add
		Suite 101	<input checked="" type="checkbox"/> Remove
		Hollywood, FL 33024	
MGRM	Fernandez-Blay, Roberto MD	6517 Taft Street	<input type="checkbox"/> Add
		Suite 101	<input checked="" type="checkbox"/> Remove
		Hollywood, FL 33024	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

ALL AMBR MUST BE FLORIDA  
2014 APR 17 11:00 AM  
FBI

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

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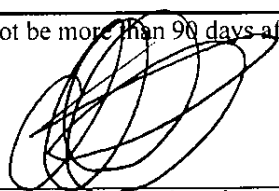
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated April 10, 2014.



Signature of a member or authorized representative of a member

Moises Issa, M.D.

Typed or printed name of signee

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Filing Fee: \$25.00

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2014 APR 17 PM 12:14  
DA: ANASOLI FLORIDA