

15/08/2023, 11:13

Division of Corporations

((H23000282807 3))

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L1300002272

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000282807 3))



H230002828073ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CONIADORUSA INC.
Account Number : I2020000118
Phone : (305)260-6968
Fax Number : (786)513-7810

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PARIS CLINIC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
2023 AUG 17 PM 1:37
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED
2023 AUG 17 AM 11:50
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

AUG 19 2023

K. Brumley
((H23000282807 3))

((H23000282807 3))

ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION OF

PARIS CLINIC, 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 1/4/2013 and assigned Florida document number L13000002272.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

150 SUNNY ISLES BLVD APT1101

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES BEACH FL 33160

Enter new mailing address, if applicable:

150 SUNNY ISLES BLVD APT1101

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISLES BEACH FL 33160

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: _____

Enter Florida street address

_____, Florida

City

Zip Code

APPROVED
AND
FILED
2023 AUG 17 AM 11:50
TALLAHASSEE
FLORIDA
STATE SECRETARY OF
CORPORATIONS

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

((H23000282807 3))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	CLEYTON A. DE SOUZA	250 Sunny ISLES BLVD STE #504	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARY ELLEN FRUIZKE II DE SOUZA	250 Sunny ISLES BLVD STE #504	<input checked="" type="checkbox"/> <input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADALBERTO DE SOUZA JUNIOR	150 SUNNY ISLES BLVD APT1101	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H23000282807 3))

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

(((H23000282807 3)))

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 (b) The 90th day after the record is filed.

Dated AUGUST 10 2023

 Signature of a member or authorized representative of a member

 ADALBERTO DE SOUZA JUNIOR
 Typed or printed name of signee

(((H23000282807 3)))