

L13000026713

(Requestor's Name)

(Address)

(Address)

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DIVISION OF CORPORATIONS
13 MAR 27 PM 12:22

MAR 28 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Valdes Medical Center 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:

Ariadna Valdes
Name of Person
Valdes Medical Center
Firm/Company
13521 SW 62 Lane
Address
Miami FL 33183
City/State and Zip Code
mekitola@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ariadna Valdes at (786) 417 4871
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

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

Valdes Medical Center, 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 March 18, 2013 and assigned Florida document number L13000026713.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

7000 SW 97 Avenue Suite #106
Miami Florida 33173

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13521 SW 62 Lane
Miami FL 33173

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:

Ariadna Valdes

New Registered Office Address:

7000 SW 97 Avenue Suite #106

Enter Florida street address

Miami

Florida

33173

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

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

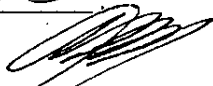
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mario Valles	13521 SW 62 Lane	<input type="checkbox"/> Add
		Miami Florida 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

March 18, 2013



Signature of a member or authorized representative of a member

Ariadna Valdes

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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