## L13000166514

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(Address)	
(City/State/Zip/Phone #)	
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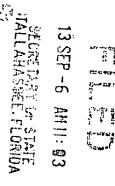
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## COVER LETTER

TO:

Registration Section Division of Corporations

HEALTH CARE REFORM ADVISORS, 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:

lan Illych Martinez, Esq.

Bello, Martinez & Ramirez PL

Firm/Company

800 Douglas Road, Suite 149

Address

Coral Gables FL 33134

City/State and Zip Code

imartinez@bmrlawgroup.com

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

For further information concerning this matter, please call:

Ian Illych Martinez

at (305)442-7970

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fec & 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 Taliabassec, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Taliahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## HEALTH CARE REFORM ADVISORS, LLC

(A	Florida Limited L	in as it how appears on our records.)	
The Articles of Organization for this Limited Lie Florida document number <u>L13000060514</u>	ability Company	were filed on June 27, 2013	and assigned
This amendment is submitted to amend the follo	wing:	<i>,</i>	
A. If amending name, enter the new name of	the limited linb	llity company here:	
N/A		<del></del>	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the designation "Li	LC" or the abbreviation
Enter new principal offices address, if applica	ble:	15280 NW 79 CT SUITE 103	
(Principal office address MUST BE A STREET		Miami Lakes, FL 33016	
Enter new mailing address, if applicable:		15280 NW 79 CT SUITE 103	77 77 13 15 15 15 15 15 15 15 15 15 15 15 15 15
(Mailing address MAY BE A POST OFFICE B	10X)	Mlami Lakes FL 33016	
			<b>拉茅 占</b> 平时
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address here		te imme of flic new
New Registered Office Address:	800 Dougia	s Road Suite 149  Enter Florida street addr	200
	Coral Gable		
	Corar Gable	os , Florida <u>33'</u> City	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agout:	<i>3.1,</i>	p
I hereby accept the appointment as registered the provisions of all statutes relative to the praccept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in writing	oper and complered agent as pegistered office change.	ete performance of my duties, and I an rovided for in Chapter 608, F.S. Or, is address. Thereby confirm that the limiting Registered Agent, Signature of New Registered	n familiar with and f this document is ited liability

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 Title Name Address Type of Action 15280 NW 79 CT SUITE 103 MGR Fernando Espinosa, Jr. MIAMI LAKES, FL 33016 John G. Sabina 14738 SW 132 Ave. MGR Miami FL 33186 14738 SW 132 Ave. MGR Mayra C. Martinez Miami FL 33186 Remove Remove Remove

The state of the s
1 0010
nature of a member or authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00

13 SEP -6 AM 11: 83