

L13.000065741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

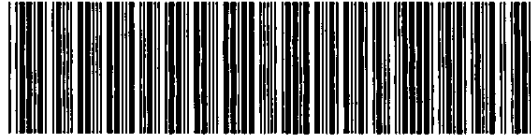
(Business Entity Name)

(Document Number)

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STATE OF NEW YORK
FALL PASSPORT DIVISION

Amendment

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL CARE GROUP 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:

MIGUEL MATO

Name of Person

MEDICAL CARE GROUP LLC

Firm/Company

4431 SW 64 AVE STE 101

Address

DAVIE, FL 333

City/State and Zip Code

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

For further information concerning this matter, please call:

MIGUEL MATO

at 786 346-3592

Name of Person

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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

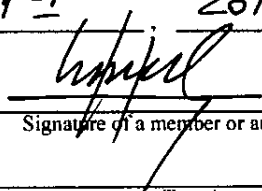
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CLAUDIA PENA	100 NW 76 AVE STE 310	☒ Add
		PLANTATIONS FL 33324	☐ Remove
AMBR	NATALYA LOPEZ		☐ Add
			☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 1st 2015



Signature of a member or authorized representative of a member

MIGUEL MATO

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA