

L13000128107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 10 2013
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pacifico Managed Care 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:

ADALYS Iglesias.

Name of Person

Pacifico Managed Care LLC

Firm/Company

6555 NW 36th ST Suite 309

Address

Virginia Gardens, FL 33166

City/State and Zip Code

TCM@pacificomanagedcare.com

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

For further information concerning this matter, please call:

ADALYS Iglesias

Name of Person

at 305 873 9589

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2013

ADALYS IGLESIAS
PACIFICO MANAGED CARE LLC
725 WESTWARD DR
MIAMI, FL 33166

SUBJECT: PACIFICO MANAGED CARE LLC
Ref. Number: L13000128107

We have received your document for PACIFICO MANAGED CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 313A00024028

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
13 DEC -5 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pacifico Managed Care 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 09/11/2013 and assigned
Florida document number L 3000 128107.

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)

6555 NW 36 ST Suite 309
Virginia Gardens, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(new) 6555 NW 36th ST Suite 309
Virginia Gardens, FL 33166

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:

6555 NW 36th St Ste 309
Enter Florida street address
Virginia Gardens, Florida 33166
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:

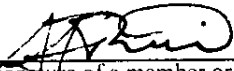
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Dir	Adalys Iglesias	725 Westward Dr	<input type="checkbox"/> Add
		Miami Springs, FL	<input checked="" type="checkbox"/> Remove
MGRM	Adalys Iglesias	6555 NW 36 th St Suite	<input checked="" type="checkbox"/> Add
		309 Virginia Gardens	<input type="checkbox"/> Remove
		FL 33166.	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____, _____.



Signature of a member or authorized representative of a member

Adalys Iglesias

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00