

**L14000010175**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

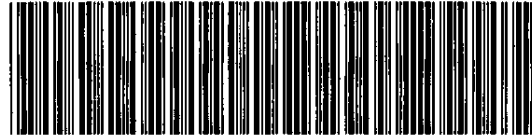
(Business Entity Name)

(Document Number)

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FILED  
2016 AUG 29 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
AUG 30

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sauidhed Healthcare 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:

Alberto Hernandez  
Name of Person

Sauidhed Healthcare Center, LLC.  
Firm/Company

8260 W. Flagler Street, STE 1-A  
Address

MIAMI Florida 33144  
City/State and Zip Code

Sauidhed@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto Hernandez at (786) 703-3484.  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Saludmed Healthcare Center, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/21/2014 and assigned  
Florida document number L14000010175.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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

**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**

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>                   |
|--------------|-----------------------|---------------------------|-----------------------------------------|
| MGR          | Jaime Jimenez Montoya | 18160 NW 68th Ave Apt 212 | <input checked="" type="checkbox"/> Add |
|              |                       | Miami FL 33015            | <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         |
|              |                       |                           | <input type="checkbox"/> Add            |
|              |                       |                           | <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         |

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2015 AUG 28 PM 4:28  
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2016 AUG 25  
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2006 AUG 29 PM 3:28  
SECRETARY OF STATE  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 08-28-2006 BY 60322 UCBAW

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 08.23.2016, 2016

Signature of a member or authorized representative of a member

Alberto Hernandez

Typed or printed name of signee