

L14 000028563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

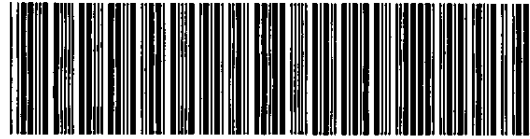
(Business Entity Name)

(Document Number)

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14 MAY 27 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

657



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2014

HIRAM COLAS  
128 NE 99TH ST  
MIAMI SHORES, FL 33138

SUBJECT: CONNECT GLOBAL MED, LLC  
Ref. Number: L14000028563

We have received your document for CONNECT GLOBAL MED, 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 effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 414A00008583

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** connect Global Med, LLC. (L14000028563)  
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:

Hiram Colas  
Name of Person

Connect Global Med, LLC.  
Firm/Company

128 N.E. 99th St.  
Address

Miami Shores, Fl. 33138  
City/State and Zip Code

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

For further information concerning this matter, please call:

Hiram Colas at (305) 393-9593  
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

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

Conned Global Med. 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 2/19/2014. and assigned Florida document number L14000028563

This amendment is submitted to amend the following:

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

The Miami International Medical Tourism Fair, LLC.

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address MAY BE A POST OFFICE BOX)

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MAY 27 9:04 AM '14

**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:** N/A

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:** N/A.

*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 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	Dulce M. Sicle	5750 Collins Ave #11B Miami Beach, Fl. 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jose M. Camino	1111 Biscayne Blvd #1405 Miami Fl. 33181	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 MAY 27 AM 9:55  
 STATE OF FLORIDA  
 TALLAHASSEE

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

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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 4/11/2014

Hiram Colas  
Signature of a member or authorized representative of a member

Hiram Colas  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

14 MAY 27 AM 9:05  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L14000028563  
FILED 8:00 AM  
February 19, 2014  
Sec. Of State  
tburch**

**Article I**

The name of the Limited Liability Company is:

CONNECT GLOBAL MED, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

128 NE 99TH ST  
MIAMI SHORES, FL. 33138

The mailing address of the Limited Liability Company is:

128 NE 99TH ST  
MIAMI SHORES, FL. 33138

**Article III**

The name and Florida street address of the registered agent is:

HIRAM COLAS  
128 NE 99TH ST  
MIAMI SHORES, FL. 33138

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: HIRAM COLAS