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FIRM and AFFILIATE OFFICES

DAVID A. KAHN DIRECT DIAL: +1 305 960 2219 PERSONAL FAX: +1 305 675 8363 E-MAIL: dakahn@duanemorris.com

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April 18, 2014

VIA REGULAR MAIL

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Articles of Amendment - Wealth Medical Management, LLC

Our File No.: M1775.00001

Dear Sir/Madam:

Please find enclosed Articles of Amendment to the Articles of Organization for Wealth Medical Management, LLC along with check #2426 in the amount of \$25.00 for filing fees.

Sincerely,

David A. Kahn

DK/smb Enclosures

COVER LETTER

TO: Registration Section **Division of Corporations** Wealth Medical Management, 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: David Kahn, Esq Name of Person Duane Morris LLP Firm/Company 200 S. Biscayne Blvd., Ste. 3400 Miami, FL 33131 City/State and Zip Code dakahn@duanemorris.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Kahn, Esq Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wealth Medical Mangement, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
	3120114	
The Articles of Organization for this Limited Liability Company	were filed on March 21, 2014	and assigned
Florida document number L14000050542		_
Torida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>, e</u>
Principal office address MUST BE A STREET ADDRESS)		SE
		PR SER
		N 377
		The Control
Enter new mailing address, if applicable:		37-11
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
		26°
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the nev
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 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 Type of Action **Title** <u>Name</u> <u>Address</u> 13900 Jog Rd #203-189 Rd #203-189 MGR Ariadna Ospina-Dandes, PHD Delray Beach, FL 33446 Remove 13900 Jog Rd #203-189 _ _ Add MGR Ariadna Dandes, PHD Delray Beach, FL 33446 **■** Remove 13900 Jog Rd #203-189 D Add Michael Dandes **AMBR** Delray Beach, FL 33446 Remove ☐ Add ☐ Remove □ Add ☐ Remove

•	
ffective date, if other than the date of filing:	(optional)
he effective date must be specific, cannot be prior to date of receive date this document is filed by the Florida Department of Sta	ceipt or filed date and cannot be more than 90 days after
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	<u>)14 </u>
April 18 20	
Dated April 18 20	
Dated April 18 20	or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00