

L14000124075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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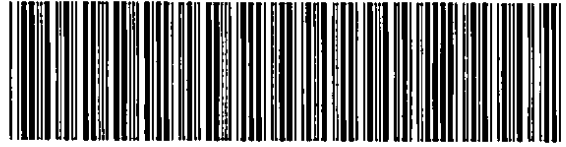
(Business Entity Name)

(Document Number)

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2023 JUN 29 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FL

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2023 JUN 29 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI BEACH MEDICAL CONSULTANTS, 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:

Paul McBride

Name of Person

Miami Beach Medical Centers, LLC

Firm/Company

1400 NW 107th AVE Suite 500

Address

Miami, Florida 33172

City/State and Zip Code

Brenda.Lezama@clinicalcaremc.com

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

For further information concerning this matter, please call:

Brenda Lezama

786

690-1933

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

2023 JUN 29 AM 11:42

MIAMI BEACH MEDICAL CONSULTANTS, LLC

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

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/07/2014 and assigned
Florida document number L14000124075.

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:

1400 NW 107th AVE Suite 500

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33172

Enter new mailing address, if applicable:

1400 NW 107th AVE Suite 500

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33172

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:

Paul McBride

New Registered Office Address:

1400 NW 107th AVE Suite 500

Enter Florida street address

Miami

City

Florida 33172

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.

DocuSigned by:

Paul M. McBride, II

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>
CEO	Paul McBride	1400 NW 107th AVE	<input checked="" type="checkbox"/> Add
		SUITE 500	<input type="checkbox"/> Remove
		MIAMI, FL 33172	<input type="checkbox"/> Change
COO	Christine Hansen	1400 NW 107th AVE	<input checked="" type="checkbox"/> Add
		SUITE 500	<input type="checkbox"/> Remove
		MIAMI, FL 33172	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TOLSON, FL

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CLERK OF STATE
TALLAHASSEE, FL

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

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 29, 2023

- DocuSigned by:

Paul M. McBride, II

Signature of member or authorized representative of a member

Paul McBride

Typed or printed name of signee

Filing Fee: \$25.00