L14000196597

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Certified Copies	Cortificator	of Status
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Special Instructions to	Filing Officer:	
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FILED 2015 SEP 28 P 1: 25 SECRETARY OF STATE SECRETARY OF STATE

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COVER LETTER

TO: ◆Reg Div	istration Section ision of Corpor	on rations			
CUB IECT.	Victor H. Cant	tero, MD, LLC			
SUBJECT:		Name of Lim	ited Liability Company	<u>-</u>	
The enclosed	l Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return	all corresponde	ence concerning this matter	to the following:		
		Kylie Wagenet			
			Name of Person		-
		Femwell Group Health, Inc	c.		
	Firm/Company				
		3225 Aviation Ave, Suite	700		
			Address		-
		Miami, Florida 33133			
			City/State and Zip Code		-
		kwagenet@femwell.com			
		E-mail address: (to be used for future annual re	port notification)	
For further is	nformation cond	cerning this matter, please ca	all:		
Kylie Wage	net		305 273-	4641	
	Name of Po	erson	Area Code	Daytime Telephone Numbe	r
Enclosed is	a check for the	following amount:			
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	ate of Status &

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

Victor H. Cantero, MD, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L14000196597	pany were filed on 12/30/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
AGVC, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or register		ter the name of the new
registered agent and/or the new registered office addres	s here:	
Name of New Registered Agent:	 	20 100
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of	plete performance of my duties, and I of the performance of my duties, and I of the provided for in Chapter 605, F.S.	am familiar with and Or, itshis document is Ulimited liahility
company has been notified in writing of this change.	AHASS	SEP 28

Page 1 of 3

If Changing Registered Agent, Signature of

If amendin	amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records: IGR = Manager MBR = Authorized Member			
MGR = M $AMBR = A$	lanager '			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
	·		Add	
			Remove	
			☐ Change	
			Remove	
			Change	
			Remove	
			Change	
			□ Add	
			Remove	
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			□ Add	
			Remove .	
			ZOTS SEP 28 P	
			FLORIDA Change	

). If amendin	g any other info	rmation, enter	change(s) here:	(Attach additiona	l sheets, if nec	essary.)		
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Note: If the document's	e date inserted in the effective date on the	his block does not the Department of ayed effective	meet the applicab State's records.	date of filing or more le statutory filing re an effective tim	equirements, thi	s date will	not be liste	d as the
Sent	ember 11		2015					
Dated		W Signature of	s We re	zed representative of	a member	SECRETATION AS	S	1
		. Esa.	5			YRY SSEI	o i	- 1
-		<u> </u>	Typed or printed	name of signee		T ST	" ⊂	_
			Page 3	of 3		AGE A	25	

Filing Fee: \$25.00