

(Re	equestor's Name)	
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PICK-UP	TIAW	MAIL
(Bi	isiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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SEP 24 2015 S. YOUNG

COVER LETTER

	Registration Se Division of Cor			
eum urc		MEDICAL SERVICES LLC		
SUBJEC	-1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		ROSA A. ALMINAQUE		
		******	Name of Person	·
		UNIQUE MEDICAL SER	VICES LLC	
			Firm/Company	
		3850 S.W. 87 AVENUE #	‡ 201	
			Address	The second
		MIAMI, FLORIDA 33165	;	SEP FI
			City/State and Zip Code	23 P
		ALMINAQUE@YAHOO.		
For furth	er information co	E-mail address: (oncerning this matter, please ca	to be used for future annual report notifiall:	ication)
ROSA A	A. ALMINAQUE	;	305 508-2108	
	Name of	Person		e Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIQUE MEDICAL SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 02/24/2015	and assigned
Florida document number L15000033895		
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 contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3850 S.W. 87 AVENUE	
Principal office address MUST BE A STREET ADDRESS)	SUITE 201	-1,n - 1
	MIAMI, FLORIDA 33165	
Enter new mailing address, if applicable:	SAME AS ABOVE	FHLE EP 23 EHASSE
(Mailing address MAY BE A POST OFFICE BOX)		ma a o
		SF 55
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the ne
registered agent and/or the new registered office address her	<u>e</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	TS .
		orida
	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>	Name	Address	Type of Action
MGR	ROSA A ALMINAQUE	3850 S.W. 87 AVENUE	
		SUITE 201	☐ Remove
		MIAMI, FLORIDA 33165	■ Change
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Filing Fee: \$25.00