

L15000050520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

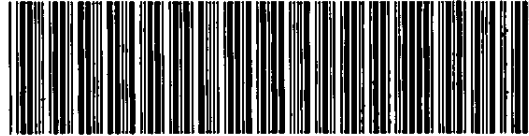
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2016

ELVIRA ACOSTA
401 CORAL WAY SUITE 107
CORAL GABLES, FL 33134

SUBJECT: CINDY L MARTINEZ TORRES MD PA LLC
Ref. Number: L15000050520

We have received your document for CINDY L MARTINEZ TORRES MD PA 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):

Please accept our apology for failing to mention this in our previous letter.

Please list the specific purpose for the PLLC in section D of the amendment form.

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 III
Registration/Qualification Section

Letter Number: 616A00010645

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premium Medical Services 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:

Elvira Acosta

Name of Person

Elvira Acosta Enrolled Agent Inc.

Firm/Company

401 Coral Way Suite 107

Address

Coral Gables FL 33134

City/State and Zip Code

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

For further information concerning this matter, please call:

Elvira Acosta

305 541-9333
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/COURIER ADDRESS:

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

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

Premium Medical Services 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 March 20, 2015 and assigned
Florida document number L15000050520.

This amendment is submitted to amend the following:

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

CINDY L MARTINEZ TORRES MD PA PLLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1281 NW 6 ST

MIAMI FL 33125

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1281 NW 6 ST

MIAMI FL 33125

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:

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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

MEDICAL SERVICES

16 JUN - 8 AM 8:32
 SENTARY OF THE
 DEPARTMENT OF FLORIDA

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.

(b) The 90th day after the record is filed.

2016

Signature of a member or authorized representative of a member

Typed or printed name of signee