45000134714

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SECRETARY OF STATE INCLAHASSEE TLORID

FEB 2 4 2017 S. YOUNG

COVER LETTER -

Division of Cor		
US Med, L	LC	
	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspondence	endence concerning this matter to the following:	
	Susy Cabrera	
	Name of Person	
	US MED, LLC	
	Firm/Company	
	8260 NW 27TH ST STE # 403	
	Address	= 788
	MIAMI, FL 33122	FEB 23
	City/State and Zip Code	3 23
	licensing@usmed.com E-mail address: (to be used for future annual report notification)	平 四岛
For further information c	oncerning this matter, please call:	AHIO: 43
Susy Cabrera	305 403-5836 at ()	جوري س
Name o	f Person Area Code Daytime Telephone Number	
Enclosed is a check for the	ne 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 Sta	

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

US MED, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L15000134714	ompany were filed on 02/19/1999	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	8260 NW 27TH ST #403	
(Principal office address MUST BE A STREET ADDR	ESS) MIAMI, FL 33122	1 250
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8260 NW 27TH ST #403 MIAMI, FL 33122	TEB 23 FM 10: 4"
B. If amending the registered agent and/or regist registered agent and/or the new registered office address agent and Name of New Registered Agent: N/A		the name of the new
New Registered Office Address:	Enter Florida street address	
	Linei i wind siree address	
	, Florida	Zip Code
	on,	2.5 0000

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>	Address	Type of Action
MGR	SCHIFFMAN, ZACHARY	8260 NW 27TH ST #403	
		MIAMI, FL 33122	■ Remove
			□ Change
MGR	PATRICIO CASILLAS	8260 NW 27TH ST #403	≅ Add
		MIAMI, FL 33122	□ Remove
			☐ Change :
MGR	STEPHEN FOREMAN	8260 NW 27TH ST #403	CRETA
		MIAMI, FL 33122	23 SS
			□ Remove High
MGR	HARROFF, JOHN	8260 NW 27TH ST #403	Add
		MIAMI, FL 33122	Remove
			□ Change
MGR	CAMILO HORVILLEUR	8260 NW 27TH ST #403	
		MIAMI, FL 33122	■ Remove
		-	□ Change
			Remove
			☐ Change

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(If an effective Note: I	e date, if other than the date tive date is listed, the date must be sp the date inserted in this block do it's effective date on the Departr	ecific and coes not me	annot be prior	r to date of filin able statutory	g or more than 9 filing require	(optional 0 days after filin ments, this dat	g.) Pursuant to 605.	.0207 (3 :d as th
	rd specifies a delayed effe Oth day after the record is		ite, but no	ot an effect	ive time, a	: 12:01 a.m	. on the earlie	r of:
Dated _	ebruary 16		2017					
Daicu _	77	\ '	**	 '				

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Typed or printed name of signee

Filing Fee: \$25.00