

11/01/2016 10:02

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SALVER AND COOK

PAGE 01/01

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954) 389-1333
Fax Number : (954) 389-1397

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

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2016 NOV -1 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEDICAL FERTILITY CENTER, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

NOV 02 2016

Electronic Filing Menu

Corporate Filing Menu

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDICAL FERTILITY CENTER, 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 12/18/15 and assigned
Florida document number L15000210190

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1370 S. OCEAN BLVD., #2504

POMPAHO BEACH, FL 33062

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

City

Florida

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>
MGR	CARDENAS, RICARDO	3046 LAKE RIDGE LANE	<input type="checkbox"/> Add
		WESTON, FL 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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HALLAMASSEE, FLORIDA

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

ALLAHASSEE, FLORIDA

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F. 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 695.0207 (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.

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

Dated X OCTOBER 31, 2014.

X

Signature of a member or authorized representative of a member

CARLOS NAVARRO ALVAREZ

Typed or printed name of signer