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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Sec Division of Corp		, ,a.	, ste
SUBJECT: M	ED GWBAL A Name of Limit	ASSIST LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	CECLIA	AU12012A OR-	TEGA
	MED GI	DBAL A8SIST Firm/Company	LIC.
	777 Beick	CELL AVE SUIT	FE 500
	Miami.	FL 33131	
	C. Ortega @ y E-mailaddress: (1	City/State and Zip Code Meda Lobalassist o be used fabriture annual report notifie	COM cation)
For further information con	ncerning this matter, please ca	ılı:	
CECLIA C Name of	Person	at (<u>305</u>) <u>432-0</u> Area Code Daytime	OY37 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

MED GLOBAL	ASSIST LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our re d Liability Company)	<u>cords.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on <u>Feb.</u>	08-2016 and assigned
Florida document number <u>L1600034265</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "	- 10 -07
Enter new principal offices address, if applicable:		18. FE
(Principal office address MUST BE A STREET ADDRESS)		EB 2
		9 KH
		FLO FLO
Enter new mailing address, if applicable:		N OF
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered experience agent and/or the new registered office address he		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		11
	Enter Florida street ad	aaress
	City	, Florida
Now Desistant Access Cincolana If the arrive Desistant Access	Cuγ Δ.	гір Соце

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

Page 1 of 3

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
AMBR	HERNAN ARM	MANDO PEREZ CALLA	13340 SW 112 CT	Add
			MIAMI FL 33176	Remove
				Change
				□ Remove
				Change
			<u> </u>	Add
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ective date, if other than n effective date is listed, the date	must be specific a	and cannot be p				iling.) Pursuant to 605.02
te: If the date inserted in the cument's effective date on the				ory filing req	uirements, this o	late will not be listed
	•					
record specifies a dela			not an effe	ctive time	, at 12:01 a.	m. on the earlier
he 90th day after the	record is filed	d.				
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Filing Fee: \$25.00