

L16000072024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

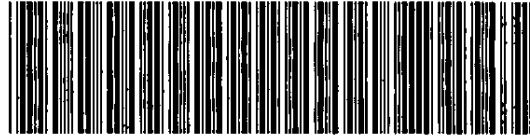
(Business Entity Name)

(Document Number)

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04/25/16--01022--008 \*\*25.00

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2016 MAY 25 P 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 26 2016  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 MAY 26 AM 11:44  
TALLAHASSEE, FLORIDA

May 9, 2016

LESTER GUERRA MARTINEZ  
491 IVES DAIRY RD, UNIT 403  
MIAMI, FL 33137

SUBJECT: LAS TUNAS MEDICAL GROUP, L.L.C  
Ref. Number: L16000072024

We have received your document for LAS TUNAS MEDICAL GROUP, L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 216A00009692

2016 MAY 25 1:11 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Las Tunas Medical Group, L.L.C.  
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:

Lester Guerra Martinez

Name of Person

Las Tunas Medical Group, L.L.C.

Firm/Company

491 Ives Dairy Rd UNIT 403

Address

MIAMI FL 33179.

City/State and Zip Code

lesterguerra1978@yahoo.com

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

For further information concerning this matter, please call:

Lester Guerra

Name of Person

at

786

Area Code

380-9247

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2016 MAY 25 P 11:47  
TALLAHASSEE, FL  
SECRETARY OF STATE

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

Las Tunas Medical Group, L.L.C.

(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 04/12/2016 and assigned Florida document number 216000072024.

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)

**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:

Lester Guerra

New Registered Office Address:

491 Tines Dairy Rd

Enter Florida street address

Hialeah

Florida

33179

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

Title	Name	Address	Type of Action
MGR	Lester Guerra	491 Ives Dairy RD	<input checked="" type="checkbox"/> Add
	MARTINEZ	APT 403 HICKRIE	<input type="checkbox"/> Remove
		33179.	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
	(SR) Lester Guerra	491 Ives Dairy	<input checked="" type="checkbox"/> Remove
	MARTINEZ	TR 2 APT 403	<input type="checkbox"/> Change
		HICKRIE 33179	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Remove this  
↓  
(SR)

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2021 MAY 25 PM 1:17  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

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2016 MAY 25 P 1:17  
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TALLAHASSEE, FLORIDA

E. 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 605.0207 (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Lester Guerra Martinez  
\_\_\_\_\_  
Typed or printed name of signee