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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6363

From:

Account Name : SERBER & ASSOCIATES, P.A.  
Account Number : I20000000083  
Phone : (305) 932-6262  
Fax Number : (305) 933-9393

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WMC HEALTH GROUP OF KISSIMMEE LLC**

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AUG 02 2016

**S. YOUNG**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WMC HEALTH GROUP OF KISSIMEE 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street Suite 801

Address

Aventura, Florida 33180

City/State and Zip Code

info@serberlawfirm.com

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

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For further information concerning this matter, please call:

Yolanda L. Fornaris

Name of Person

at 305 932-6262

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**

**WMC HEALTH GROUP OF KISSIMMEE LLC**

(Name of the Limited Liability Company or, if now operating as an, (records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/22/2016 and assigned  
Florida document number L16000079851

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal office address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1380 NE MIAMI GARDENS DR  
SUITE # 210  
NORTH MIAMI BEACH, FL 33179

**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:**

**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 the Managers or Authorized Member on our records, enter the title, name, and address of each manager or Authorized Member 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	CARLOS PEDRAJA	1380 NE MIAMI GARDENS SUITE 210	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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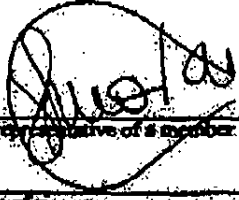
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\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 7/28/2016

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**PECYNER, TERESA**  
\_\_\_\_\_  
Typed or printed name of signer



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