

L16000103948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 JUN -8 P 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

JUN 09 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Assure Management Group, 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:

Luz E Guzman  
Name of Person

Assure Management Group, LLC  
Firm/Company

1840 West 49 street suite 300  
Address

Hialeah, Florida 33012  
City/State and Zip Code

lgassuremngt@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luz E Guzman  
Name of Person

at (786) 427-3777  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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

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

Assure Management Group, 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 05/27/2016 and assigned Florida document number L16000103948.

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)

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TALLAHASSEE, FLORIDA

**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 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          | David J Marotta | 1840 West 49 street    | <input checked="" type="checkbox"/> Add |
|              |                 | suite 300              | <input type="checkbox"/> Remove         |
|              |                 | Hialeah, Florida 33012 | <input type="checkbox"/> Change         |
|              |                 |                        | <input type="checkbox"/> Add            |
|              |                 |                        | <input type="checkbox"/> Remove         |
|              |                 |                        | <input type="checkbox"/> Change         |
|              |                 |                        | <input type="checkbox"/> Add            |
|              |                 |                        | <input type="checkbox"/> Remove         |
|              |                 |                        | <input type="checkbox"/> Change         |
|              |                 |                        | <input type="checkbox"/> Add            |
|              |                 |                        | <input type="checkbox"/> Remove         |
|              |                 |                        | <input type="checkbox"/> Change         |
|              |                 |                        | <input type="checkbox"/> Add            |
|              |                 |                        | <input type="checkbox"/> Remove         |
|              |                 |                        | <input type="checkbox"/> Change         |
|              |                 |                        | <input type="checkbox"/> Add            |
|              |                 |                        | <input type="checkbox"/> Remove         |
|              |                 |                        | <input type="checkbox"/> Change         |

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TALLAHASSEE, FLORIDA

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(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)

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.

Signature of a member or authorized representative of a member

Luz E Guzman

Typed or printed name of signee

2016-04-08 13:03  
SECRETARY OF STATE  
TAMARA A. HARRASSOFF, FLORIDA

[illegible]