

L16000116839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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16 OCT 16 PM 3:33

NOV 17 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MedQual 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:

Rosaelena Valencia-Villa

Name of Person

MedQual Management Group, LLC

Firm/Company

13727 SW 152nd St, Suite 320

Address

Miami, FL 33177

City/State and Zip Code

rvalenciavilla@medqualmg.com

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

For further information concerning this matter, please call:

Rosaelena Valencia-Villa

786 210-3105

at (_____) _____

Name of Person

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2016

ROSAELENA VALENCIA-VILLA
13727 SW 152ND ST, SUITE 320
MIAMI, FL 33177

SUBJECT: MEDQUAL MANAGEMENT GROUP, LLC
Ref. Number: L16000116839

RECEIVED
2016 NOV 16 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MEDQUAL MANAGEMENT GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 916A00022382

FILED
2016 NOV 16 PM 3:33
TALLAHASSEE, FLORIDA

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

MedQual 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 6/16/2016 and assigned
Florida document number L16000116839.

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)

13727 SW 152ND ST.

SUITE 320

MIAMI, FL 33177

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:

8360 S. DIXIE HIGHWAY, SUITE 304

Enter Florida street address

MIAMI

City

Florida 33143

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>
AMBR	The A. Mikael Revocable Trust	14469 SW 20TH ST	☐ Add
		MIAMI, FL 33175	☒ Remove
			☐ Change
AMBR	MCO Realtime Solutions, Inc.	15757 PINES BLVD. , SUITE 399	☐ Add
		PEMBROKE PINES, FL 33027	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

N/A

Dated

11/9/2014

Signature of a member or authorized representative of a member

Rosaelena Valencia-Villa

Typed or printed name of signee

FILED
JUN 15 1964
FBI - MEMPHIS