

L16000129324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

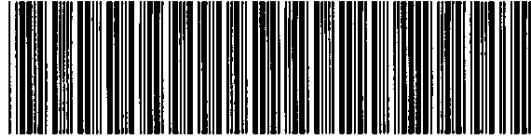
(Business Entity Name)

(Document Number)

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2016 AUG 22 AM 8:55
TALLAHASSEE, FLORIDA

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2016 AUG 22 P 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

AUG 23 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICOS TV 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:

PEDRO R CEDENO

Name of Person

MEDICOS TV LLC

Firm/Company

10520 NW 26 ST SUITE C101

Address

DORAL, FL 33126

City/State and Zip Code

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

For further information concerning this matter, please call:

PEDRO R CEDENO

786 385-3305
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

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

MEDICOS TU 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 07/08/2016 and assigned
Florida document number L16000129324.

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)

15800 PINES BLVD SUITE 352

PEMBROKE PINES, FL 33029

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15800 PINES BLVD SUITE 352

PEMBROKE PINES, FL 33029

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:

15800 PINES BLVD SUITE 352

Enter Florida street address

PEMBROKE PINES

City

, Florida 33029

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

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TREASURY OF FLORIDA

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	PEDRO R CEDENO	561 NW 82 CT	<input type="checkbox"/> Add
		MIAMI, FL 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PEDRO R CEDENO	15800 PINES BLVD SUITE 352	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33029	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CARLOS NUNEZ	15800 PINES BLVD SUITE 352	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FERNANDO LAREZ	15800 PINES BLVD SUITE 352	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33029	<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

2016-11-16 12:31 PM
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

[illegible]

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 AUGUST 17TH, 2016

PEDRO CEDENO 08/17/2016
Signature of a member or authorized representative of a member

PEDRO R CEDENO

Typed or printed name of signee

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MAR 22 P 3:10
CLERK OF STATE
TALLAHASSEE, FLORIDA