

L16000159333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

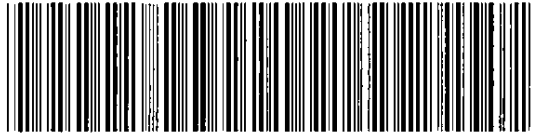
(Business Entity Name)

(Document Number)

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2017 JUN 26 PM 4:16
STATE DEPT OF STATE
PALM BEACH COUNTY, FLORIDA

K. SALY
JUN 28 2017

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: tu medicina 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:

Andres Gomez Putman
Name of Person

tu medicina LLC
Firm/Company

6989 NW 82 Ave Miami FL 33166
Address

Miami FL 33166
City/State and Zip Code

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

For further information concerning this matter, please call:

Andres Gomez Putman at (305) 987 4212
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

FILED
2017 JUN 26 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TU Medicina 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 08/25/16 and assigned Florida document number L16000159333.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TU Medicina LLC

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)

6989 NW 82 Ave

Miami FL 33166

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:

Andres Gomez Putman

New Registered Office Address:

6989 NW 82 Ave.

Enter Florida street address

Miami

City

Florida

33166

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	Andres Gomez	6989 NW 82 ave	<input type="checkbox"/> Add
		Miami FL 33166	<input type="checkbox"/> Remove
		Manager	<input checked="" type="checkbox"/> Change
	Arnolfo Gilardi	6989 NW 82 ave	<input type="checkbox"/> Add
		Miami FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Jose Moreno	6989 NW 82 ave	<input type="checkbox"/> Add
		Miami FL 33166	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Luis Sierralta	6989 NW 82 ave	<input type="checkbox"/> Add
		Miami FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 CLERK OF STATE
 TALLAHASSEE FL 0910

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

Multiple horizontal lines for amending information.

2017 JUN 26 PM 4: 17
CLERK OF SUPERIOR COURT
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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 06/19/2017

Handwritten signature of a member or authorized representative of a member.

Signature of a member or authorized representative of a member

Andres Gomez Putmann

Typed or printed name of signee