

U600170592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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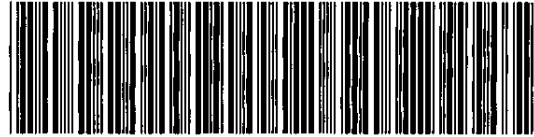
(Business Entity Name)

(Document Number)

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NICOLE J. HUESMANN, P.A.

Attorney at Law

150 Alhambra Circle, Suite 1200
Coral Gables, Florida 33134
Phone (305) 858-0220
Fax (305) 854-6810
njhuesmann@njhlaw.com

September 27, 2016

VIA FED-EX

Florida Department of State
Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Name of LLC: TMS Medical Investment Group, LLC
Document Number: L160000170592
Articles of Amendment**

To whom it may concern:

Please find enclosed the following for the above referenced company:

- Check No. 4895 for the amount of \$30.00 for filing fees and Certificate of Status,
- Original Cover Letter and
- One Original Articles of Amendment with One copy

We request that you provide confirmation of filing of same. Should you require anything further or have any questions, please do not hesitate to contact us.

Very truly yours,

 (signing for n/h)

Nicole J. Huesmann

NJH/or
Enclosures

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TMS MEDICAL INVESTMENT 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:

NICOLE J. HUESMANN

Name of Person

NICOLE J. HUESMANN, P.A.

Firm/Company

150 ALHAMBRA CIRCLE, SUITE 1200

Address

CORAL GABLES, FL 33134

City/State and Zip Code

NJHUESMANN@NJHLAW.COM

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

For further information concerning this matter, please call:

NICOLE J. HUESMANN

305 858-0220

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

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Page 1 of 3

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	JABER, TALIB	152 PORGEE ROCK PLACE	<input type="checkbox"/> Add
		JUPITER, FL	<input checked="" type="checkbox"/> Remove
		33458	<input type="checkbox"/> Change
MGR	SYED, MUHAMMAD K	8432 IRONHORSE COURT	<input type="checkbox"/> Add
		WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Remove
		33412	<input type="checkbox"/> Change
MGR	MARTINEZ, HERIBERTO E	160 NW 127 AVENUE	<input type="checkbox"/> Add
		MIAMI, FL	<input checked="" type="checkbox"/> Remove
		33182	<input type="checkbox"/> Change
MGR	SYMAGAB HOLDING INC	201 SW 16TH STREET	<input checked="" type="checkbox"/> Add
		OKEECHOBEE, FL	<input type="checkbox"/> Remove
		34974	<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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STATE
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TALIAH ASSOCIATION
15 SEP 2
PM 5:57

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

16 SEP 29 PM 12:57

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 SEPTEMBER 21, 2016

Signature of a member or authorized representative of a member

HERIBERTO E. MARTINEZ

Typed or printed name of signee