

26-Sep-2016 10:29  
9/26/2016

Isabel Araica Accounting Services

3056433237

p.1

Division of Corporations

**L16000170885**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000238126 3)))



H160002381263ABC\$

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC  
Account Number : I20070000033  
Phone : (305)649-7040  
Fax Number : (305)643-3237

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Araicaisabel@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ACCESS MEDICAL GROUP SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help D. BRUCE  
SEP 27 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACCESS MEDICAL GROUP SOLUTIONS 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:

ANA ISABEL ARAICA

Name of Person

PEREZ ARCHE AN ACCOUNTING INC

Firm/Company

4011 W FLAGLER ST STE 501

Address

CORAL GABLES, FL 33134

City/State and Zip Code.

araicaisabel@gmail.com

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

For further information concerning this matter, please call:

ANA ISABEL ARAICA

Name of Person

at ( 305 )

Area Code

649-7040

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

RECEIVED  
SEP 26 2016  
TALLAHASSEE, FLORIDA

2016 SEP 26 A 9:43

FILED

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACCESS MEDICAL GROUP SOLUTIONS 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 09/12/2016 and assigned  
Florida document number L1600017085

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)

**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	JOSE O DORTA	7080 SW 23rd ST APT 206	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	J S GLOBAL SERVICES INC	10250 NW 89th AVE # 18	<input checked="" type="checkbox"/> Add
		MEDLEY, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NERSI R LA ROSA	8915 W 35th AVE	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33018	<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

FILED  
2016 SEP 26 AM 11:43  
TALLAHASSEE, FLORIDA

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

Please add the Federal ID Number:  
81-3810990

FILED  
2016 SEP 26 A 7:43  
FALL RIVER, MA  
FALL RIVER, MA

E. Effective date, if other than the date of filing: 09/22/2016 (optional)

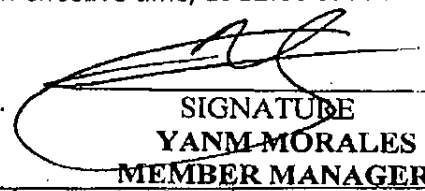
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 22nd,

2016



SIGNATURE

YANM MORALES

MEMBER MANAGER

Signature of a member or authorized representative of a member

Typed or printed name of signer