

L16000170885

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TALLAHASSEE, FLORIDA

## 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:

LUIS R DIAZ

\_\_\_\_\_  
Name of Person

ACCESS MEDICAL GROUP SOLUTIONS, LLC

\_\_\_\_\_  
Firm/Company

6350 W FLAGLER ST APT. 4

\_\_\_\_\_  
Address

MMIAMI FL 33144

\_\_\_\_\_  
City/State and Zip Code

accessmedicalsolutions@gmail.com

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

For further information concerning this matter, please call:

LUIS R. DIAZ

305 3428937

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**

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 L16000170885.

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.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

6350 W FLAGLER ST

No. 4

MIAMI, FL 33144

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6350 W FLAGLER ST

No. 4

MIAMI FL 33144

**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:

LUIS R. DIAZ

New Registered Office Address:

6350 W FLAGLER ST, No. 4

*Enter Florida street address*

MIAMI

*City*

Florida 33144

*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>
MGMBR	DIAZ, LUIS R.	6350 W FLAGLER ST, No. 4	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMBR	AMAYA, RUDOLF R.	6350 W FLAGLER ST, No.4	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALL OF C, INC.	15605 SW 74TH CIR DR. APT. 12	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33193	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	J S GLOBAL SERVICES INC	10250 NW 89TH AVE. #18	<input type="checkbox"/> Add
		MEDLEY, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DORTA, JOSE O.	7080 SW 23RD ST, APT. 206	<input type="checkbox"/> Add
		MIAMI, FL33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MORALES, YANM	333 E 13 ST	<input type="checkbox"/> Add
		NIALEAH, FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THE FOLLOWING ALL OTHER MEMBERS WERE REMOVED BECAUSE OF BREACH OF AGREEMENT:

- J S GLOBAL SERVICES, INC.

- DORTA, JOSE O.

- MORALES, YANM.

NO OTHER MEMBER THAN LUIS R. DIAZ IS AUTHORIZE TO ACT ON BEHALF OF OR  
REPRESENTING THE COMPANY IN ANY MATTER AND / OR IN FRONT OF ANYONE  
WORLDWIDE.

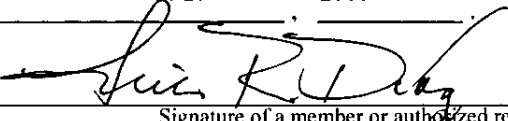
17 MAY - 2 AM 7:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 04/27 2016  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
  
LUIS RAMON DIAZ  
\_\_\_\_\_  
Typed or printed name of signee