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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

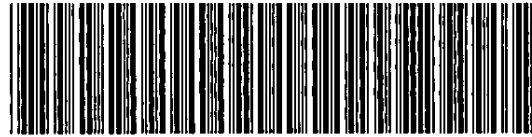
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DR. Victor Silva Medical Center
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:

Victor Silva
Name of Person

DR. Victor Silva Medical center
Firm/Company

1931 W. Martin Luther King Jr Blvd suite D
Address

Tampa FL 33607
City/State and Zip Code

Isotomayor60@yahoo.es
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Silva at 227 480-9813
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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Dr. Victor Silva Medical Center, LLC
(Name of the Limited Liability Company or a new company or

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

we only want to correct suite number on
our address.

1931 W Martin Luther King Jr Blvd.
Suite D Tampa FL 33607.

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 March 14, 2017

Signature of a member or authorized representative of a member

VICTOR SILVA
Typed or printed name of signee

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TALLAHASSEE, FLORIDA