

L17000053373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

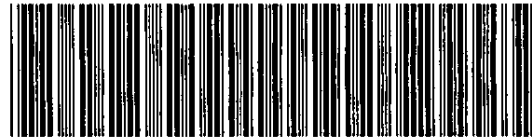
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
SEP 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMS Medical 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:

Nidia C Gomez
Name of Person

AMS Medical Group, LLC
Firm/Company

2258 E Irlo Bronson memorial Hwy
Address

Kissimmee, FL 34744
City/State and Zip Code

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

For further information concerning this matter, please call:

Nidia C Gomez at (407) 729-9311
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

AMS Medical Group

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on march 2017 and assigned
Florida document number L1700053373.

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)

2258 E Irlo Bronson Memorial Hwy
Kissimmee, FL, 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2258 E Irlo Bronson Memorial Hwy
Kissimmee, FL, 34744

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:

Nidia C Gomez

New Registered Office Address:

2258 E Irlo Bronson Memorial Hwy
Enter Florida street address

Kissimmee

City

Florida

34744

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

We want to make sure that all
address associated with AMS Medical Group, LLC
is: 2258 E Ito Bronson Memorial Hwy,
Kissimmee, FL, 34744

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: September 19 2017 (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 19, 2017.

Nidia C Gomez
Signature of a member or authorized representative of a member

Nidia C Gomez
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2017

AMS MEDICAL GROUP, LLC
NIDIA C GOMEZ
2258 E IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34744

SUBJECT: AMS MEDICAL GROUP, LLC
Ref. Number: L17000053373

We have received your document for AMS MEDICAL GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 817A00018045

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2017 SEP 22 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA