

L17000115515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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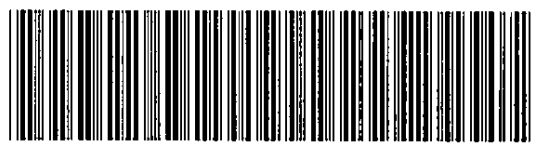
(Business Entity Name)

(Document Number)

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2017 JUL -5 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

K SALY  
JUL 10 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HRC USA, 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:

LOUIS NAVIA  
Name of Person

HRC USA, LLC.  
Firm/Company

3140 W. FLYLER ST. STE 206  
Address

MIAMI FL 33135  
City/State and Zip Code

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

For further information concerning this matter, please call:

LOUIS NAVIA at ( 286 ) 314. 1993  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

HRC USA, LLC

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

FILED  
2017 JUL -5 PM 4:00

The Articles of Organization for this Limited Liability Company were filed on July 29, 2017 and assigned  
Florida document number 217000115514

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>
AMBR	HERNAN D RESTAEDO	3140 W FLAGLER ST.	<input type="checkbox"/> Add
	603010	STE 206 MIAMI FL	<input checked="" type="checkbox"/> Remove
		33135	<input type="checkbox"/> Change
AMBR	LUIS O GOMEZ MATEUS	3140 W. FLAGLER ST.	<input type="checkbox"/> Add
		STE 206 MIAMI, FL.	<input checked="" type="checkbox"/> Remove
		33135	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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STATE OF FLORIDA  
TALLAHASSEE, FL 32301

2017 JUL -5 PM 4:55  
STONE MOUNTAIN  
FALL HAASSEE, FL 00000

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2017 JUL -5 PM 4:00  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**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.

Dated July 3, 2017

Prüfung

LUIS NAVIA

**Filing Fee: \$25.00**