

L17000192844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

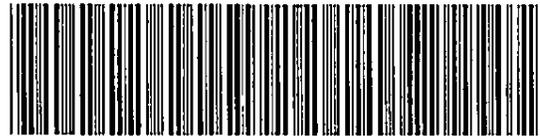
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 OCT -5 PM 2:31
FILING OFFICE
HARRIS COUNTY TEXAS

OCT 06 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMMUNITY MED PLAN 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:

ENNA GARCIA
Name of Person
COMMUNITY MED PLAN LLC
Firm/Company
11401 SW 40 STREET
Address
MIAMI, FLORIDA 33165
City/State and Zip Code
ADMIN@COMMUNITYMEDPLAN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENNA GARCIA at (305) 206-9427
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

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 | RICARDO GUARDIOLA | 10811 SW 32 ST | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33165 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ALFREDO GUARDIOLA | 20140 SW 132 AVE | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33177 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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