Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000277973 3)))



H180002779733ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

F.	_(	ここ	iV	<u>[=</u> [	) •••
		-		£	,

\*Enter the email address for this business entity to be used for Future annual report mailings. Enter only one email address please.\*\*

SEP 2.4 22:3

Email Address:\_\_\_\_\_

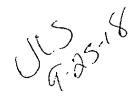
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMMUNITY MED PLAN L.L.C.

Certificate of Status	0_	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$25.00	

Electronic Filing Menu

Corporate Filing Menu

Help



H18000277973

Articles of Amendment to LLC Articles of Organization of
Community Med Plan   L.L.C.
The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number
This amendment is submitted to amend the following:
Delete: ENNA GARCIA
Alfredo Guardiole
Ricardo Guerdiola
Add: RUDOLF AMAYA (AMBR & RA) 50%
Delete: RUDOLPH AMAYA
Add: FRANK OSPINA (AMBR) 50%
Change all addresses to:
11401 SW 40th ST SUITE # 331 MIAHI, FL. 33165
EIN: 82-251-4244
These articles of amendment were adopted on 92418
Dated 9/24/18
Almyo A SSEET & M
Signature of a member or authorized representative of a member
Typed or printed name of signer
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing H 1 8 0 0 0 2 7 7 0 7 3