## Division of Corporations Electronic Filing Cover Sheet

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.

(((H22000343598 3)))



H220003435983ABC3

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 : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

| Email | Address: |  |  |  |  | ···· |  |  | <del></del> _ |  |
|-------|----------|--|--|--|--|------|--|--|---------------|--|
|-------|----------|--|--|--|--|------|--|--|---------------|--|

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NUESTRA FAMILIA MEDICAL CENTER LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



| Articles of Amendment to LLC Articles of Organization o   |
|---|
| NUESTRA FAMILIA MEDICAL CENTER LLC  |
| 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:   |
| <u> </u>  |
| Adding IRIS MARTINEZ as an authoriz   |
| 1975 w 76th St  |
| Hialeah, FL 33014   |
|   |
|   |
|   |
|   |
|   |
|   |
| ese articles of amendment were adopted on $10/1/22$   |
| (less 12)   |
| Signature of a member of suthorized representative of a member  Noel De Louis Folkmodel  Typed or printed name of signee  |
| Typed or printed name of signee w Registered Agent's Signature, if changing Registered Agent: weby accept the appointment as registered agent. I am familiar with and accept the obligations of the lition. |
| Signature of New Registered Agent, if changing  |