L17000188407

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SECRETARY OF STATE C

COVER LETTER

TO:

TO: Registration S Division of Co			
GALLER SUBJECT:	IA MEDICAL SUITES, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	NADIA M. MILEO		
		Name of Person	
	RE: GALLERIA MEDICA	L SUITES, LLC.	
		Firm/Company	
	2720 SE 14TH STREET		
		Address	
	POMPANO BEACH, FL 3	3062	
		City/State and Zip Code	
	MILEONADIA@GMAIL.C	OM o he used for future annual report noti	fication)
For further information	concerning this matter, please ca	·	, reactory
NADIA M. MILEO		305 975-0247	
Name	of Person	at () Area Code Daytim	e 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)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations onter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALLERIA MEDICAL SUITES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\stackrel{\mathsf{SEPTEMBER}}{\mathsf{05,2017}}$ and assigned Florida document number L17000188407 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) 2720 SE 14TH STREET Enter new mailing address, if applicable: POMPANO BEACH, FL 33062 (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

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>	Address	Type of Action
MGR	DR. MARIELENA GUERRA	915 MIDDLE RIVER DRIVE #305	Add
			≅ Remove
			Change
			□ Add
			□ Remove
			□ Change
			□ Add
			Remove
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			Add
			□ Remove
			☐ Change
			Add
			Remove
			□ Change

ective date, if other than the date of filing:	optional)	
n effective date is listed, the date must be specific and cannot be prior to date \oint f filing or more than 90 days te: If the date inserted in this block does not meet the applicable statutory filing requirements		
cument's effective date on the Department of State's records.	=1	;
record specifies a delayed effective date, but not an effective time, at 12:0	Z the coll	,
record specifies a delayed effective date, but not an effective time, at 12:0 he 90th day after the record is filed.	1	n O
	Q	
TUESDAY NOVEMBER 7 , 2017 . /	AM	:
	<u>9</u> .	
Signature of a member or authorized representative of a member		ĵ

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Filing Fee: \$25.00