

L17000 190 419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

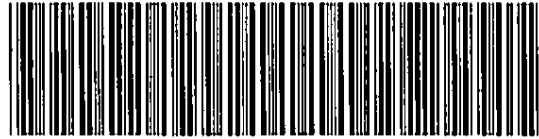
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700328066667

04/23/19--01015--010 **25.00

FILED

2019 APR 23 PM 6:25

FILED

PRAT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DADE MEDICS & REHAB CENTER, 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:

ALEXIS PEREZ

Name of Person

DADE MEDICS & REHAB CENTER, LLC

Firm/Company

8260 WEST FLAGLER ST SUITE 2B

Address

MIAMI, FL 33144

City/State and Zip Code

DADEMEDICS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXIS PEREZ

305 982-8586
at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DADE MEDICS & REHAB CENTER, LLC

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

FILED
2019 APR 23 PM 6:25
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/08/2017 and assigned
Florida document number L17000190419.

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 "LLC."

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:

ALEXIS PEREZ

New Registered Office Address:

8260 WEST FLAGLER ST SUITE 2B

Enter Florida street address

MIAMI

City

Florida 33144

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>
MGR	ERNESTO F BELFAST	8260 WEST FLAGLER ST, STE 2B, MIAMI, FL 33144	☐ Add
			☒ Remove
			☐ Change
AMBR	ERNESTO F BELFAST	8260 WEST FLAGLER ST, STE 2B, MIAMI, FL 33144	☒ Add
			☐ Remove
			☒ Change
MGR	ALEXIS PEREZ	8260 WEST FLAGLER ST, STE 2B, MIAMI, FL 33144	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

WE NEED TO CHANGE FEI/EIN NUMBER:

OLD FEI/EIN NUMBER: 45-6301274 NEW FEI/EIN NUMBER: 82-3020473

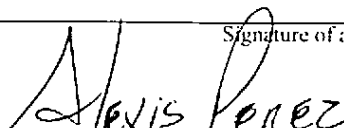
E. Effective date, if other than the date of filing: 04/18/2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee
Alexis Perez

2019 APR 23 PM 6:25
TALLAHASSEE, FL

FILED