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Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	
	Office Use Only	Ý







COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: _____

DYNAMIC MEDICAL 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:

Blanca L. Lacayo

Name of Person

Hadas Accounting And Tax Services

Eirm/Company

210 SW 107th Ave

Address

Miami, FL. 33174

City/State and Zip Code

hadastaxeservices@gmail.com

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

For further information concerning this matter, please call:

Blanca L. Lacayo 305 222-2289 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

DYNAMIC	MEDICAL PLAN, LLC		2
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears or Limited Liability Company)	(our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	07/23/2020	and assigned
Florida document number L17000194976			離王ロ
This amendment is submitted to amend the following:			1.1.1
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the desig	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR)	<u>ESS)</u>	<u></u>	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the</u> nam	<u>e of the new registered</u>
Name of New Registered Agent:	Hadas Accountin	g And Tax Services	
New Registered Office Address:	210 SW 1		
	Enter Florida	street address	
	Miami	, Florida	33174
	City		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>	Address	Type of Action
MGR	Cartos Rivera Cuellar	8724 NW 149th Terra. Miami Lakes, FL. 33018	🖬 Add
			Remove
			□Change
MGR	Jose Luis Cespedes Martin	905 Brickell Bay Dr, Apt 1628. Miami, FL. 33144	🗋 Add
			Remove
			□Change
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live date, if other than the date of filing:	07/23/2020	(optional)
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(If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after tiling.) Pursuant to 605.0207 (3)(b). <u>Note:</u> 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	2020
	Lottes R Diag
	Signature of a member or authorized representative of a member

Luis R. Diaz

Typed or printed name of signce