118000034315

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100309007311

02/14/18--01010--012 *#25.00

18 FEB 14 PH 7: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	TO: Registration Se Division of Cor			
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: RALPH SERRANO CPA Name of Person RALPH M SERRANO CPA PA Firm/Company 9425 SW 72 ST #233 Address MIAMI, FL. 33173 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RALPH SERRANO CPA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Certificate Copy	CUDICCT.	DOC	TOR SAM LLC	
Please return all correspondence concerning this matter to the following: RALPH SERRANO CPA Name of Person RALPH M SERRANO CPA PA Firm/Company 9425 SW 72 ST #233 Address MIAMI, FL. 33173 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RALPH SERRANO CPA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is anclosed) Certificate of St	SUBJECT:	Name of Lim	ited Liability Company	
RALPH SERRANO CPA Name of Person RALPH M SERRANO CPA PA Firm/Company 9425 SW 72 ST #233 Address MIAMI, FL. 33173 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RALPH SERRANO CPA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of St Certificate Of St Certificate Opy Certificate Of St	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
RALPH M SERRANO CPA PA Firm/Company 9425 SW 72 ST #233 Address MIAMI, FL. 33173 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RALPH SERRANO CPA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) Certificate Opy Certificate Of St	Please return all correspo	ndence concerning this matter	to the following:	
RALPH M SERRANO CPA PA Firm/Company 9425 SW 72 ST #233 Address MIAMI, FL. 33173 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RALPH SERRANO CPA Area Code Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate of Status Certificate Opy (additional copy is enclosed) Certificate Of St		RALPH	H SERRANO CPA	<u> </u>
Firm/Company 9425 SW 72 ST #233 Address MIAMI, FL. 33173 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RALPH SERRANO CPA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Certificate Of St			Name of Person	
Address MIAMI, FL. 33173 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RALPH SERRANO CPA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Expression CPA S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (certificate Of Status)		RALPH	M SERRANO CPA PA	
Address MIAMI, FL. 33173 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RALPH SERRANO CPA 305 412-7273 at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy		•	Firm/Company	
MIAMI, FL. 33173 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RALPH SERRANO CPA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy		942:	5 SW 72 ST #233	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RALPH SERRANO CPA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{align*} \text{S25.00 Filing Fee} & \Begin{align*} \$			Address	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RALPH SERRANO CPA 305 412-7273 at (MIA	.MI, FL. 33173	
For further information concerning this matter, please call: RALPH SERRANO CPA Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{align*} \text{S25.00 Filing Fee} & \$\text{\$			City/State and Zip Code	
RALPH SERRANO CPA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{align*} \text{S25.00 Filing Fee} & \text{\$\sigma \$30.00 Filing Fee & Certificate of Status} \text{\$\text{Certified Copy} & Certificate of Status} \text{\$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{\$\text{Certified Copy} & Certified Copy} \$\text{Cer		E-mail address: (to be used for future annual i	eport notification)
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy Certified Copy Certified Copy	For further information of	oncerning this matter, please ca	all:	
Enclosed is a check for the following amount: \$\begin{align*} \begin{align*} \text{S25.00 Filing Fee} & \text{\$\subseteq\$ \$30.00 Filing Fee & Certificate of Status} & \text{\$\cup \$\text{Certified Copy} & Certificate of Status} \\ \begin{align*} \text{Certified Copy} &	RALPH SERRANO CPA			-7273
■ \$25.00 Filing Fee	Name of	Person	Area Code	Daytime Telephone Number
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	Enclosed is a check for th	e following amount:		
(\$25.00 Filing Fee		Certified Copy	Certificate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327	Registrati Division e Clifton B 2661 Exe	or Section of Corporations uilding culive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOCTOR SAM L				
(Name of the Limited Liability Compa (A Florida Limited L	ny as It now Liability Com	appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number			and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity compa	here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company '	"the designation "LLC" or the abb	revistion "I I C"	
Enter new principal offices address, if applicable:	ny company,	the designation like of the abo	reviation E.E.C.	₹.,
			- 55	- CC
(Principal office address MUST BE A STREET ADDRESS)			<u>F</u>	辛쮸
			 	⋛⋛
			<u>: c</u>	HABSEE, FILORIDA
Enter new mailing address, if applicable:			PH	F. P
• • • •				下 v
Mailing address MAY BE A POST OFFICE BOX)		 	N3	- <u>R</u> R
				` ٔ حَــــ
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	fice addres	on our records, enter t	he name of the	<u>:_new</u>
New Registered Office Address:	Ente	er Florida street address		_
	2,,,,			
	Circ	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	City		Zīp Code	
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	p <mark>er</mark> formand rovided for	ce of my duties, and I am fa r in Chapter 605, F.S. Or, ij	miliar with and Tthis document i	
If Chang	ging Register	ed Agent, Signature of New Regi	stered Agent	

Page 1 of 3

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>	Name	Address	Type of Action
AMBR	SAMANTHA BLOCK	5300 CHAMPION BLVD	
		#G11-418	
		BOCA RATON, FL. 33496	Change
AMBR	SAMANTHA BLOCK SALTZ	5300 CHAMPION BLVD	
		#G11-418	□ Remove
		BOCA RATON, FL. 33496	□ Change
			Remove
			□ Change
			DAdd
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change

amending any other information, enter change(s) here: (Attach ada	intonia sneeds, ij necessary.)
	18 F
	l .
	3
	7: 29
fective date, if other than the date of filing:	(optional)
on effective date is listed, the date must be specific and cannot be prior to date of filing of ote: If the date inserted in this block does not meet the applicable statutory find the date on the Department of State's records.	r more than 90 days after filing.) Pursuant to 605.0
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
red FEBRUARY 10 2018	
Jamentho Q Jackt	tive of a member
SAMANTHA BLOCK SALTZ	
Typed or printed name of signed	

Page 3 of 3

Filing Fee: \$25.00