03/26/2018 15:53



Florida Department of State

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.

(((H180000940873)))



H180000940873ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:		, i.e. i	400 OFF		
10.	Division of Co	rnorations	•		
	Fax Number	: (850)617-6383			
From:					
	Account Name	: LAZARUS CORPORATE	FILING SERVICE, INC		
	Account Number	: I20000000019	·	2.5	ත
	Phone	: (305)552-5973	1		مودرسن 14 14 مسر
	Fax Number	: (305)675-5944		75.	事
		•			N
			69.	1.5	C)
**Enter	the email addres	s for this business	entity to be used fo	r future	7714
апр	nual report maili	ings. Enter only one	email address please	5 *** 13 ·	
Ema	il Address:				••
					<u>~</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLESS MEDICAL CENTER, WPB LLC

RECEIVED MAR 2 6 2018

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

MAR 27 2018

850-617-6381

3/28/2018 9:55:19 AM PAGE

1/001 Fax Server



March 26, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLESS MEDICAL CENTER, WPB LLC 440 E SAMPLE RD POMPANO BEACH, FL 33064

SUBJECT: BLESS MEDICAL CENTER, WPB LLC

REF: L18000043225

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list title in the company of the person you are adding.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II Registration Section

FAX Aud. # H18000094087 Letter Number: 718A00005962

۲.

LINDOO 43225		
This amendment is submitted to amend the following:		(
Change all addresses to: 440 E Pomption	Smille	120
POMPATO,	Bench,	F /3
		
Remove: JEAN B BAZILE		
Add LUIS ANDRES BLANCO (A	MBR)
A STATE OF THE STA		
These articles of amendment were adopted on 32317	_ ·	
3/23/18		<u> </u>
Dated	TAN 26	ن ن د س
- LIMING	* } **	
Signature of a member or authorized representative of a member		
MANUEL SANGAEZ		-
Typed or printed name of signee	-	-
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familian with and accept the obligations of position.	f the	
Signature of New Registered Agent, if changing		