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(Document Number)
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#### **COVER LETTER**

TO:	Division of Corporations				.5	
411 IN 15		Pura <b>∀i</b> da Va	nradero Medical Center LLC	•	•	
SUBJE	CI: _		Name of Lim	nited Liability Company		
The enc	:losed A	Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please r	eturn a	ll correspon	dence concerning this matter	to the following:		
			Nury Carbajal			
				Name of Person		_
			Pura Vida Medical Center	LLC		
			_	Firm/Company		-
			5850 West Flagler street			
				Address		-
			Miami, FI 33012			
				City/State and Zip Code		
			puravidamed@gmail.com			<b>5</b> 100
			E-mail address: (	to be used for future annual report notification	1)	7 T
For furt	her info	ormation cor	ncerning this matter, please co	all:		7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Nury C	arbajal			305 874-3909 at ()		<del></del>
		Name of I	Person	Area Code Daytime Telej	phone Number	72: 50 
Enclose	d is a c	heck for the	following amount:			ι, }
<b>号</b> \$25	.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

Pura Vida Varadero Medical Center LLC		
(Name of the Limited Liab) (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability (		and assigned
forida document number L18000155775		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD.	RESS)	57
		TO KING
		7
inter new mailing address, if applicable:		ا میں جاتا ہے۔ اور انتہا ہے۔
Mailing address MAY BE A POST OFFICE BOX)		<del>-11</del>
		12 P. C. T.
		ত গুল
3. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, ente	er the name of the r
estered agent and/or the new registered office and	ness nere:	
Name of New Registered Agent:		<del>.</del>
New Registered Office Address:		_
	Enter Florido street address	
	Florida _	
	Ciţy	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	Jose G. Carreras MD	5850 West Flagler Street, Miami, Fl 33144	
			■ Remove
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ffectiv	e date, if other	than the date of	filing:			(optional	)
an effection l	ctive date is listed, the fithe date inserted nt's effective date	ie date must be speci in this block does	itic and cannot be s not meet the a	eprior to date of applicable stati	filing or more than	i 90 days after filin	g.) Pursuant to 605.0
	ord specifies a 90th day after			it not an efi	fective time,	at 12:01 a.m	on the earlie
/	APRIL 30		2019	,			
ated 🚊			: <del></del>	<u> </u>			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00