

L18000155775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

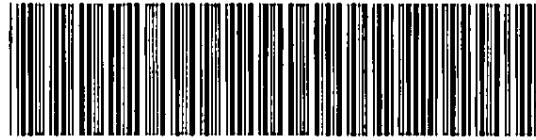
(Document Number)

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2023 APR 24 PM 12:25  
FBI - NEW YORK

cf 4/23/2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pura Vida Varadero Medical 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:

Carlos Garcia

Name of Person

Centers of Medical Excellence, LLC

Firm/Company

7925 NW 12th St, Doral, FL 33126

Address

Doral, FL 33126

City/State and Zip Code

Sobe98@live.com

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

For further information concerning this matter, please call:

Carlos Garcia

Name of Person

at ( 305 )

Area Code

874-3909

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2023

CARLOS GARCIA  
7925 NW 12TH STREET #201  
DORAL, FL 33126

SUBJECT: VAVADEVO MEDICAL CENTER OF MIAMI, LLC  
Ref. Number: W23000038773

We have received your document for VAVADEVO MEDICAL CENTER OF MIAMI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

We can find no record of the entity named in your document. If this is the correct name, please provide us with the document number, or any other documentation supporting that this entity is registered with the Division of Corporations.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 623A00006550

**RECEIVED**  
APR 24 2023

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

2023 APR 24 PM 12: 25

Pura Vida Varadero Medical Center, LLC

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

STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 6/25/18 and assigned  
Florida document number L18000155775.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7925 NW 12th ST, #201  
Doral, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7925 NW 12th ST, #201  
Doral, FL 33126

**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:

Carlos Garcia

New Registered Office Address:

7925 NW 12th ST #201

Enter Florida street address

Doral

City

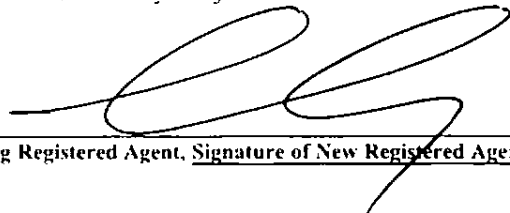
Florida

33126

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>
<u>Manager</u>	<u>Pedro Caro MD</u>	<u>5850 W Flagler ST</u>	<input type="checkbox"/> Add
		<u>MIAMI, FL 33144</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Manager</u>	<u>Jose G. Carreras MD</u>	<u>5850 W Flagler ST</u>	<input type="checkbox"/> Add
		<u>MIAMI, FL 33144</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

106.3

Carlos Garcia

**Filing Fee: \$25.00**