L18000145907

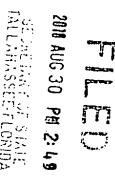
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200317290052

08/21/18--01011--007 **25.00



O. BRUCE AUG 3 0 2018

COVER LETTER

Division of C	Corporations				
FIRST	STEP MEDICAL CENTER, L	LC			
30BJEC1:	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	Armando Sanguily				
		Name of Person			
	Florida Corporate Services	, LLC			
		Firm/Company			
	3006 Aviation Avenue, Suit	te 2A			
		Address		2014 A.C.	
	Coconut Grove, FL 33133			2010 AUG 30 Seole Fan Aul ahassi	
	mhardie@sordolaw.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notifi	ication)	PH 2: Stories	Section 12
For further information	n concerning this matter, please o	all:		90 1	and the same of th
Armando Sanguily		305 859-8107			
Nam	e of Person	Area Code Daytime	: Telephone Number	· 	
United to a short for	the following amount:				
	-	El SSS OO Billing Day 6	□ \$60.00 Filing	a Fre	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified Co	of Status &	

TO:

Registration Section

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 Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST STEP MEDICAL CENTER, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000165907		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabs	lity Company," the designation "LJ.C" or t	he abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		27.5 O
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
muresy in the court of the cour		
		₽# 5
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>er</u> <u>re</u> :	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	1
	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> SANGUILY, ARMANDO	Address 12750 S.W 189 STREET	Type of Action
MGR		MIAMI, FL 33143	
			□ Remove
			_ Change
			□ Add
			☐ Remove
			□ Change
	-	· –	□ Add
			☐ Remove
			The Change of th
			30 2 C
			⊋
			□ Remove
			☐ Change
			D Add
			□ Remove
			© (1)

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
	75 23 A
	<u></u>
	Em 5
-	
Note: If	thate, if other than the date of filing:
If the recor (b) The 90	of specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	8/20/18
	Signature of a member or authorized representative of a member
	Armando Sanguily
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00