

L18000209019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

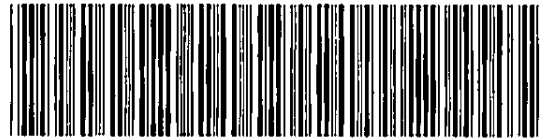
(Document Number)

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Date the last
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2024 JUN 27 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FL

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MM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GMF HEALTHCARE VENTURES, LLC

Name of Limited Liability Company

The enclosed Articles of Association and Rules are submitted for filing.

Please refer all correspondence concerning this matter to the following:

IAN ILLYCH MARTINEZ, ESQ.

Name of Person

BELLO & MARTINEZ, PLLC.

Firm Company

2850 S. DOUGLAS ROAD SUITE 303

Address

CORAL GABLES FL 33134

City, State and Zip Code

imartinez@bmlawgroup.com

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

For further information concerning this matter, please call:

IAN ILLYCH MARTINEZ

305 442-7970

Name of Person

at ()
Area Code

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

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TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2024

IAB ILLYCH MARTINEZ, ESQ.
2850 S DOUGLAS ROAD SUITE 303
CORAL GABLES, FL 33134

SUBJECT: GMF HEALTHCARE VENTURES, LLC
Ref. Number: L18000209019

We have received your document for GMF HEALTHCARE VENTURES, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Date the last page.

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.

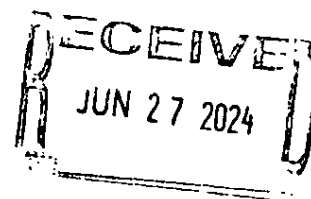
Morgan E Lovett
Regulatory Specialist II

Letter Number: 224A00012681

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GMF HEALTHCARE VENTURES, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 08/31/2018 and assigned
Florida document number L13000309019

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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 office address, if applicable:

121 ALHAMBRA AVE.

(Principal office address MUST BE A STREET ADDRESS)

SUITE 1100

CORAL GABLES FL 33134

Enter new mailing address, if applicable:

121 ALHAMBRA AVE

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 1100

CORAL GABLES FL 33134

B. If amending a registered agent and/or registered office address on our records, enter the name of the new registered agent and the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent, 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 acts in good faith in making such change.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL

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If amendment is required, please provide the title, name, and address of each person being added or removed.

MCF =
AMBA =

Title	Address	Type of Action
N/A	N/A	☐ Add
		☐ Remove
		☐ Change
		☐ Add
		☐ Remove
		☐ Change
		☐ Add
		☐ Remove
		☐ Change
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		☐ Add
		☐ Remove
		☐ Change

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D. If any change(s) in the information entered on the previous page(s) is/are necessary, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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TALLAHASSEE, FL 32301-0001

E. Effective date (other than the date of filing): _____ (optional)

(If an effective date is noted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.007 (3) FS, if the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 5/23 2024

Signature of a member or authorized representative of a member

GEORGE M. FERNANDEZ

Typed or printed name of signer

Filing Fee: \$35.00