L18000209019

(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:

Date the last pg.

Office Use Only

800430641068

05/31/24--01030--001 **75.00

FILED

2024 JUN 27 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GMF HEALTHCARE VENTURES, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Cover are submitted for filing.

Please return 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@bmrlawgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IAN ILLYCH MARTINEZ at (305) 442-7970
Name of Person 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)

FILED
2024 JUN 27 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FL

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

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

FILED
2024 JUN 27 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
JUN 27 2024

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 L18000202019

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 offices 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

FILED
2024 JUN 27 PM 12:59
SECRETARY OF STATE
TALLAHASSEE FL

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: N/A

New Registered Office Address: ______________________
Enter Florida street address

______________________ (*City*), **Florida** ______________ (*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 the initial Person(s) authorized to manage, enter the title, name, and address of each person being added or removed.

MGR =
AMBR =

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

FILED
2024 JUN 27 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

FILED
2024 JUN 27 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ **(optional)**
(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)
Note: If the date inserted 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

GEORGE M. FERNANDEZ

Typed or printed name of signee

Filing Fee: $25.00