

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : RICARDO MARTINEZ-CID, P.A.
 Account Number : 076640001666
 Phone : (305)632-1950
 Fax Number : (305)854-9788

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

drbenitez_omar@yahoo.com

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OBBE MEDICAL-DENTAL BUILDING LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

T. CLINE

FEB 1 - 2019

EXAMINER

2019 JAN 31 PM 3:05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OBBE MEDICAL-DENTAL BUILDING 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:

OMAR BENITEZ

Name of Person



Firm/Company

2250 SW 3 Avenue, Suite #202

Address

Miami, Florida 33129.

City/State and Zip Code

drbenitez_omar@yahoo.com

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

FILED
2019 JAN 31 AM 8:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

OMAR BENITEZ

786 426 7149
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OBBE MEDICAL-DENTAL BUILDING 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 11/15/2018 and assigned Florida document number L18000267401.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE LUIS OBREGON	2250 SW 3 Avenue, Suite #202 Miami, Florida 33129.	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	OMAR BENITEZ	2250 SW 3 Avenue, Suite #202 Miami, Florida 33129.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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2019 JAN 1 8:50 AM
STATE OF FLORIDA
DEPT. OF REVENUE
TALLAHASSEE, FL 32310

Reduce the number of manager to one (1)

2019 JAN 31 AM 8:58
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

2019 JAN 31 AM 8:53
FLORIDA STATE
ARCHIVES . FLORIDA

(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 January 24, 2019

Signature of a member or authorized representative of a member

OMAR BENITEZ, Sole Member and Sole Manager

Typed or printed name of signee