

L19000042994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

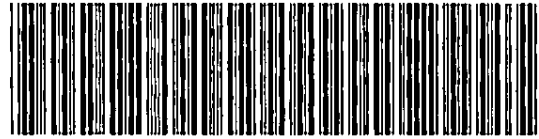
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400326412984

03/18/19--01036--001 **25.00

FILED
MAR 19 2019

FILED
2019 MAR 18 PM 3:23
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Access Care, 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:

Max Adams
Name of Person

The Medi Law Firm
Firm/Company

2151 S. Lejeune RD #306
Address

Coral Gables, FL 33134
City/State and Zip Code

INFO@TheMediLawFirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Max Adams at (305) 444-3484
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)

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

FILED

Prime Access Care, LLC

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

2019 MAR 18 PM 3:23

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 2/12/2019 and assigned
Florida document number L19000042994.

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

City, 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	Victor H. Salis	3412 W. 84 th St #104	<input type="checkbox"/> Add
		Pembroke Pines, FL, 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	William P. Bozon	3412 W. 84 th St #104	<input type="checkbox"/> Add
		Pembroke Pines, FL, 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Aurelio Torres	3412 W. 84 th St #104	<input type="checkbox"/> Add
		Pembroke Pines, FL, 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marlenny Feliz	3412 W. 84 th St #104	<input type="checkbox"/> Add
		Pembroke Pines, FL, 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ATC, M.D., PLLC.	3412 W. 84 th St #104	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL, 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MF Prime Care LLC.	3412 W. 84 th St #104	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL, 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Removing all Current Managers and adding
Two Companies as New Managers

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 March 14 2019

Signature of a member or authorized representative of a member

Aurelio Torres

Typed or printed name of signee