119000067178

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

Office Use Only



400339005944

01/13/20--01020--015 ++25.00

20 JAN 13 AH 8: 46

C MCNAIR

COVER LETTER

		,	COVER LETTER	
TO:	Registration Sec Division of Corp			- Contraction of the state of t
SURJI	PROMED I	HEALTHCARE CLINIC, LLC		
The en	closed Articles of z	Amendment and fee(s) are sub	mitted for filing.	·
Please	return all correspon			
		MAGALY TRAVIESO		
		9380 SW 72ND ST. SUITE	Firm/Company B 240	
		MIAMI, FL 33173	Address	
		promedhwr@gmail.com	City/State and Zip Code	
For fur	ther information co	E-mail address: (oncerning this matter, please co	to be used for future annual report notifi all:	cation)
	ALY TRAVIESO		305 392-8095	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 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)
	MAILI	NG ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROMED HEALTHCARE CLINIC, LLC

1	0
ARTICLES OF O	ORGANIZATION
	کر 🖗 ہے۔ 🕳 OF
	ORGANIZATION OF Sany as it now appears on our records.) Liability Company) y were filed on 03/08/2019 and assigned
PROMED HEALTHCARE CLINIC, LLC	The Contract of the Contract o
(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)
TAT TOTAL DATE	Challing Company)
he Articles of Organization for this Limited Liability Company	y were filed on 03/08/2019 and assigned
Torida document number L19000067178	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liab	hility company hora-
same of the minted har	mer company nere:
ha can non-constant to the total of the tota	
he new name must be distinguishable and contain the words "Limited Liabi	
nter new principal offices address, if applicable:	9380 SW 72ND ST, SUITE B 240
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33173
nter new mailing address, if applicable:	9380 SW 72ND ST, SUITE B 240
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33173
naming address MAT DE A FOST OFFICE BOX	
If amonding the series of the	
egistered agent and/or the new registered office address her	office address on our records, enter the name of the new
and the second of the second o	Σ.
Numa of Naur Danist and A	
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>	Address	Type of Action
			
		·	□ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Add
		*	☐ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
 -			
			Remove
			□ Change

	83-3998742
	11/14/2019
E. Effe	• • • • • • • • • • • • • • • • • • • •
Note	effective date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
,	
Date	d
	Signature of a member manufactured representative of a member
	Signature of a member padeburyed representative of a member
	MAGALY TRAVIESO

Page 3 of 3

Filing Fee: \$25.00