

L19000125860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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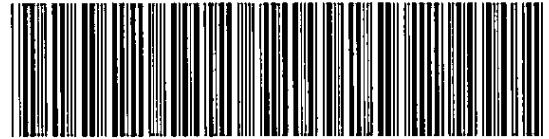
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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AUG 04 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ULTRAMED 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:

AMY DE LA UZ

Name of Person

AMY DE LA UZ, PA-C, PA

Firm/Company

9245 SW 157TH STREET, SUITE 105

Address

PALMETTO BAY, FL 33157

City/State and Zip Code

AMYDELAUZ@GMAIL.COM

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

For further information concerning this matter, please call:

AMY DE LA UZ 305 519-2616
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

UltraMed 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 06/21/2019 and assigned
Florida document number L19000125860.

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.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9245 SW 157th Street

Suite 105

Palmetto Bay, FL 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9245 SW 157th Street

Suite 105

Palmetto Bay, FL 33157

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:

Craig De la uz

New Registered Office Address:

9245 SW 157th Street, Suite 105

Enter Florida street address

Palmetto Bay

City

Florida

33157

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	FRANCISCO DIEGUEZ MD PA	145 East 49 Street	<input type="checkbox"/> Add
		Hialeah, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CRAIG DE LA UZ	9245 SW 157TH STREET	<input checked="" type="checkbox"/> Add
		SUITE 105	<input type="checkbox"/> Remove
		PALMETTO BAY, FL 33157	<input type="checkbox"/> Change
MGR	AMY DE LA UZ PA-C, PA	9245 SW 157TH STREET	<input type="checkbox"/> Add
		SUTIE 105	<input type="checkbox"/> Remove
		PALMETTO BAY, FL 33157	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FRANCISCO DIEGUEZ MD, PA NEEDS TO BE REMOVED FROM LLC ALTOGETHER.

AMY DE LA UZ, PA-C, PA IS NOW MANAGER, AND NEEDS TO REMAIN AS REGISTERED
AGENT.

CRAIG DE LA UZ NEEDS TO BE ADDED AT AUTHORIZED MEMBER ~~AND MANAGER~~

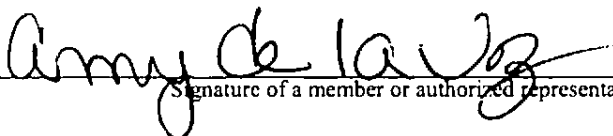
E. Effective date, if other than the date of filing: 07/01/2020 **(optional)**

(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 JULY 27, 2020



Signature of a member or authorized representative of a member

AMY DE LA UZ

Typed or printed name of signee