

# L1900185119

Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BLUE PLUS MEDICAL LLC**

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JUN 19 2019  
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June 18, 2019

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsBLUE PLUS MEDICAL LLC  
3475 SHERIDAN ST  
SUITE 308  
HOLLYWOOD, FL 33021SUBJECT:  
REF: L19000135119JUN 18 2 50 PM '19  
FILED

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please submit full application

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) 245-6052.

Tacarri K Glass  
Regulatory Specialist II  
Amount charged: 25.00FAX Aud. #: H19000189524  
Letter Number: 219A00012214

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

**BLUE PLUS MEDICAL 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 05/29/2019 and assigned  
Florida document number L19000135119.

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:

FERNANDO CREMADES HERNANDEZ

New Registered Office Address:

3475 SHERIDAN ST Suite 308

Enter Florida street address

Hollywood

City

Florida

33021

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>
AMBR	FELIX MICHEL MIGUEZ CAMA	3475 SHERIDAN ST	<input type="checkbox"/> Add
		SUITE 308	<input type="checkbox"/> Remove
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Change
AMBR	KYLE H PETERSEN	3475 SHERIDAN ST	<input type="checkbox"/> Add
		SUITE 308	<input type="checkbox"/> Remove
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Change
AMBR	Fernando Cremades Hernández	3475 Sheridan ST. suite # 308	<input checked="" type="checkbox"/> Add
		Hollywood FL- 33021	<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
			<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.)*

**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 JUNE 17, 2019

*Telespang*  
Signature of a member

Signature of a member or authorized representative of a member

FELIX MICHEL MIGUEZ CAMA

Typed or printed name of signee