

JAN 25 1970

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: PRIMARY CARE MEDICAL CENTERS OF SOUTH FL 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:

IRINA FONSECA CRUZ

Name of Person

PRIMARY CARE MEDICALCENTERS OF SOUTH FL LLC

Firm/Company

1840 WEST 49 STREET SUITE 420

Address

HIALEAH, FLORIDA 33012

City/State and Zip Code

PRIMARYCAREMEDICAL420@GMAIL.COM

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

For further information concerning this matter, please call:

IRINA FONSECA CRUZ

786

375-0036

at ( )

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 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**

PRIMARY CARE MEDICAL CENTERS OF SOUTH FL 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 08/2/2019 and assigned  
Florida document number L19000197616.

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)**

1840 WEST 49 STREET

SUITE 420

HIALEAH, FLORIDA 33012

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1840 WEST 49 STREET

SUITE 420

HIALEAH, FLORIDA 33012

**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:

1840 WEST 49 STREET SUITE 420

*Enter Florida street address*

HIALEAH

*City*

. Florida 33012

*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	IRINA FONSECA CRUZ	1840 WEST 49 STREET	<input type="checkbox"/> Add
		SUITE 420	<input type="checkbox"/> Remove
		HIALEAH, FLORIDA 33012	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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19 DEC 23 AM 8:48  
STATE OF FLORIDA  
HIALEAH

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

19 DEC 23 AM 8 48  
FILED  
STANDARD  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11/14/2019 BY 60322

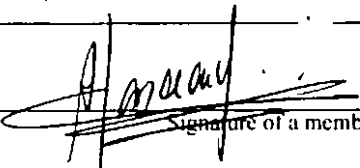
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 DECEMBER 16, 2019

  
Signature of a member or authorized representative of a member

IRINA FONSECA CRUZ

Typed or printed name of signee

Filing Fee: \$25.00