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Florida Department of
Division of Corporations
Electronic Filing Cover Sheet
266167

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TAXLEAF.COM INC
Account Number : 178148330064
Phone : (305) 941-8980
Fax Number : (305) 772-6106

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2020 JUL 21 PM 1:29

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHAMBARELLI OCC MED SOLUTIONS LLC

S TALLENT
JUL 22 2020

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAMBARELLI OCC MED SOLUTIONS 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 10/23/2019 and assigned Florida document number L19000266167

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: ROMAR INTERNATIONAL LLC

New Registered Office Address: 14334 BISCAYNE BLVD Enter Florida street address

NORTH MIAMI BEACH, Florida 33181 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.

[Handwritten Signature]

If Changing Registered Agent, Signature of New Registered Agent

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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	DEL PRET CHAMBARELLI, CARLOS	100 SE 2ND ST STE 2000	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DE OLIVEIRA WERGLES, SOLANGE	100 SE 2ND STREET SUITE 2000	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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