

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : THE TAX GROUP INC
Account Number : I20180000051
Phone : (305) 223-4648
Fax Number : (786) 361-1360

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEST MEDICAL CENTER GROUP LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST MEDICAL CENTER GROUP 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:

MARIA E HERNANDEZ

Name of Person

BEST MEDICAL CENTER GROUP LLC

Firm/Company

920 SW 82ND AVE SUITE B

Address

MIAMI / FL 33144

City/State and Zip Code

MITAXGROUP@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA E HERNANDEZ

786 237-8376
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H 190003338983

FILED

2019 NOV 13 P 3:31

BEST MEDICAL CENTER GROUP 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 11/13/2019 and assigned
Florida document number L19000267402

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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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

Title	Name	Address	Type of Action
MGR	BEST MEDICAL CENTER INC	920 SW 82ND AVE	<input type="checkbox"/> Add
		SUITE B	<input type="checkbox"/> Remove
		MIAMI, FL 33144	<input checked="" type="checkbox"/> Change
MGR	BEST MEDICAL CENTER SOUTH CORP	19744 SW 177TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33187	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BEST MEDICAL CENTER HIALEAH CORP	1165 WEST 49TH STREET	<input type="checkbox"/> Add
		SUITE 208	<input type="checkbox"/> Remove
		MIAMI, FL 33012	<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

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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: 11/13/2019 (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 11/13/2019

3/2019

[Signature]

Signature of _____

Signature of a member or authorized representative of a member

MARIA E HERNANDEZ

Typed or printed name of signee

1- 190003338983