

L20 0000 45873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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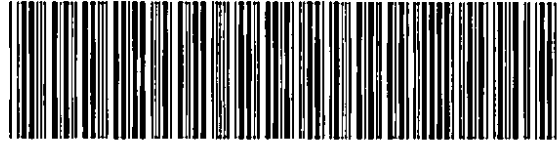
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRUCARE MEDICAL CENTER 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:

Giezy Sardinas

Name of Person

Trucare Medical Center LLC

Firm/Company

4148 SW 130th Ave

Address

Davie, FL 33330

City/State and Zip Code

info@trucaremedicalcenter.com

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

For further information concerning this matter, please call:

Giezy Sardinas

786

314-1318

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**

TRUCARE MEDICAL CENTER 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 02/10/2020 and assigned
Florida document number 120000045823

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)

3. 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

_____, Florida _____
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.

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>
MGR	Discount Medical Billing Inc.	335 W 63 ST,	<input type="checkbox"/> Add
		HIALEAH, FL 33012	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SMD MEDSERVICES LLC	4148 SW 130TH AVE,	<input type="checkbox"/> Add
		DAVIE, FL , 33330	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	S&C Medical Services CORP.	1901 BAYVIEW DR,	<input type="checkbox"/> Add
		FT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ERPY INVESTMENTS LLC	4148 SW 130TH AVE,	<input checked="" type="checkbox"/> Add
		DAVIE, FL, 33330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SC Elite Medical Services, LLC	1901 BAYVIEW DR	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated OCTOBER 12, 2020

GIEZY SARDINAS

Typed or printed name of signee

Filing Fee: \$25.00