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## **COVER LETTER**

Gru	po de Especialidades Endovascular CA, LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.					
Please return all c	orrespondence concerning this matter to the following:					
	Luis G Andonaegui-Velasquez					
	Name of Person					
	Grupo de Especialidades Endovascular CA, LLC					
	Firm/Company					
	7741 NW 7th ST					
	Address					
	Apt 215					
	City/State and Zip Code					
	Miami, FL 33126					
	E-mail address: (to be used for future annual report notification)					
For further inforn	nation concerning this matter, please call:					
Carolina Sardinh	a 305 450-3366					
	Name of Person Area Code Daytime Telephone Number					

MAILING ADDRESS:

Registration Section

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grupo de Especialidades Endovascular CA, LLC	20
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 02/18/2020 and assigned
Florida document number L20000054846	
This amendment is submitted to amend the following:	75. 22
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7741 NW 7th ST
(Principal office address MUST BE A STREET ADDRESS)	Apt 215
	Miami, FL 33126
Enter new mailing address, if applicable:	7741 NW 7th ST
(Mailing address MAY BE A POST OFFICE BOX)	Apt 215
	Miami, FL 33126
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	e:  Enter Florida street address
	, Florida City Zip Code
	Ciù Zip Coue

## 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>	Address	Type of Action
MGR	Luis E Melendez Perez	7741 NW 7th St, APT 215	
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		Miami, FL 33126	□ Remove
			Change
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The Suth day	after the record	is filed.	_	<i>1</i> ]			
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Dated		>	<del></del>	1/			
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			د نسر ا	l representative of			