

L20 000 165014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

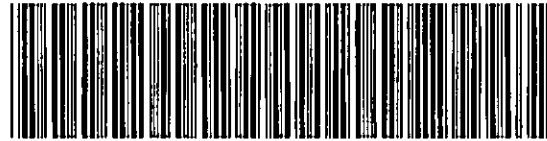
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/20--01023--023 **25.00

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2020 OCT 26 AM 7:12
CLERK OF COURT
CLERK OF COURT
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DEC 04 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & A MEDICAL SERVICES 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:

Caleb Espinoza

Name of Person

A & A MEDICAL SERVICES LLC

Firm/Company

1500 Weston Rd. Suite 212

Address

Weston FL 33326

City/State and Zip Code

calebespinoza@usa.com

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

For further information concerning this matter, please call:

Caleb Espinoza

954

709-7959

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

FILED
OCT 26 AM 7:12
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

and assigned

This amendment is submitted to amend the following:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

1500 weston Rd. Suite 212

Weston FL 33326

1500 Weston Rd. Suite 212

Weston FL 33326

Enter Florida street address

, Florida

‘in’

Zip Code

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	Mailin Perez	19938 NW 52 CT LOT 613	<input type="checkbox"/> Add
		Miami Gardens, FL 33055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Caleb Espinoza	1500 Weston Rd Suite 212	<input checked="" type="checkbox"/> Add
		Weston FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

N/A

10/26/2020

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 10/20 2020

Signature of a n

Caleb Espinoza

Signature of a member or authorized representative of a member

Caleb Espinoza

Typed or printed name of signee