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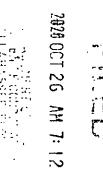
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9EC 04 2020 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

A & A ME SUBJECT:	DICAL SERVICES LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Caleb Espinoza		
		Name of Person	
	A & A MEDICAL SERVI	CES LLC	
		Firm Company	
	1500 Weston Rd. Suite 21.	2	
		Address	
	Weston FL 33326		
	calebespinoza@usa.com	City/State and Zip Code	
	b-mail address: (to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
Caleb Espinoza		954 709-7959	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 5 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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A & A MEDICAL SERVICES LLC		123
(<u>Name of the Limited Liability Comp</u> : (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>06/15/2020</u>	and assigned
Florida document number L20000165014		是一
This amendment is submitted to amend the following:		1:12
A. If amending name, enter the new name of the limited liab	oility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1500 weston Rd. Suite 212	
Principal office address MUST BE A STREET ADDRESS)	Weston FL 33326	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	1500 Weston Rd.Suite 212 Weston FL 33326	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	ne name of the new registered
New Registered Office Address:	Enter Florida street address	
	Plan	:.l.,
	, Flor	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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	Mailin Perez	19938 NW 52 CT LOT 613	ŒAdd
		Miami Gardens, FL 33055	■Remove
			Change
MGR C	Caleb Espinoza	1500 Weston Rd Suite 212	■Add
		Weston FL 33326	□Remove
			Change
			URemove
			Change
			□Remove
			☐ Change
			□Remove
			UChange
			□ Add
			□Remove
			Change

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ective date, if other than t	10/20/2020	0	(optional)
effective date is listed, the date i	nust be specific and cannot be pric		90 days after filing.) Pursuant to 605.0207
	block does not meet the appli Department of State's record		rements, this date will not be listed as
		•••	
cord specifies a delayed effec	tive date, but not an effective	time, at 12:01 a.m. on the c	earlier of: (b) The 90th day after the
s filed.			•
10/20	2020		
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MM/M	MMMMAP		
///////////////////////////////////////	ן עאווןאאן	horized representative of a me	

Typed or printed name of signee