

L 20000 169419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

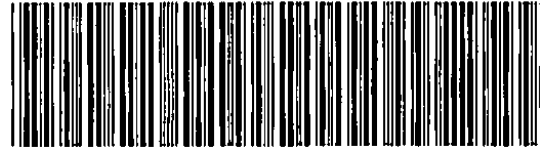
(Business Entity Name)

(Document Number)

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JUN 29 2020

AUG 12 2020

S. YOUNG

2020 JUN 29 AM 6:51

TO: Registration Section  
Division of Corporations

SUBJECT: SOUTH HEALTH MANAGEMENT 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:

RAMON MOREDA

Name of Person

Firm/Company

760 PONCE DE LEON BLVD SUITE 113

Address

CORAL GABLES, FL 33134

City/State and Zip Code

rmmdfacr@bellsouth.net

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

For further information concerning this matter, please call:

RAMON MOREDA

305

778-1042

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

SOUTH HEALTH MANAGEMENT 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 06/18/2020 and a

Florida document number L20000169419.

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 "

**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 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:**

**OF REMOVED FROM OUR RECORDS:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	RAMON MOREDA	760 PONCE DE LEON BLVD SUITE 113	<input checked="" type="checkbox"/> A
		CORAL GABLES, FL. 33134	<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
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			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

Dated 06/25/2020

RAMON MOREDA

**Filing Fee: \$25.00**