

L20000 210 888

(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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FILED  
2021 JAN -4 PM 3:56  
CLERK OF COURT  
JAN 12 2021

O SIMMONS

JAN 12 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2020

AMBER COTTON  
1 NE 167 ST  
N MIAMI BCH, FL 33162

SUBJECT: EXECUTIVE MEDICAL SOUTH FLORIDA LLC  
Ref. Number: L20000210888

We have received your document for EXECUTIVE MEDICAL SOUTH FLORIDA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 020A00023940



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2020

AMBER COTTON  
1 NE 67 ST  
N MIAMI BCH, FL 33162

SUBJECT: EXECUTIVE MEDICAL SOUTH FLORIDA LLC  
Ref. Number: L20000210888

We have received your document for EXECUTIVE MEDICAL SOUTH FLORIDA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 220A00022893

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EXECUTIVE MEDICAL SOUTH FLORIDA 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:

Amber Cotton  
Name of Person

EXECUTIVE MEDICAL SOUTH FLORIDA LLC  
Firm/Company

1 NE 167 ST.  
Address

NORTH MIAMI BEACH, FL 33162  
City/State and Zip Code

Ambercotton@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Jimenez at (            ) 9545959315  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

2021 JAN -4 PM 3: 56

EXECUTIVE MEDICAL SOUTH FLORIDA LLC

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

(A Florida Limited Liability Company)

DATE  
FILED  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/20/2020 and assigned Florida document number L20000210888.

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 "LLC."

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 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

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

FILED

<u>Title</u>	<u>Name</u>	<u>Address</u>	2021 JAN -4 PM 3: 56	<u>Type of Action</u>
AMBR	Amber Cotton	1 NE 167 st Miami, FL 33162	REC'D - 101 STATE CLERK - JAL, FL	<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input checked="" type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
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				<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 JAN -4 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

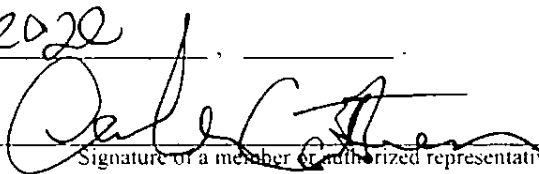
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

1/30/2020



Signature of a member or authorized representative of a member

Amber Cotton

Typed or printed name of signee