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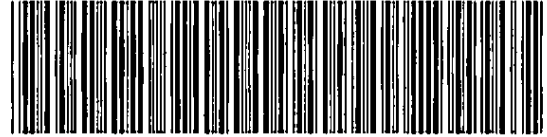
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**INTERNATIONAL**  
LAW FIRM & ALLIANCE

**DIAZ, REUS & TARG, LLP**

MIAMI OFFICE

100 S.E. 2<sup>nd</sup> Street  
3400 Miami Tower  
Miami, Florida 33131

Tel: (305) 375-9220

Fax: (305) 375-8050

[www.diazreus.com](http://www.diazreus.com)

November 11, 2021

**Via U.S. Mail**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: AWE Medical Group LLC.**

Dear Sir/Madam:

Enclosed please find our check number 6120 in the amount of \$55.00 representing payment for the filing fee for the above referenced registered agent.

Should you have any questions, please do not hesitate to contact us.

Sincerely,

/s/ Aylin Hovispo

Aylin Hovispo, Legal Assistant to  
Marta Colomar Garcia, Esq.

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AWE MEDICAL GROUP LLC.

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marta Colomar Garcia

\_\_\_\_\_  
Name of Person

Diaz, Reus & Targ, LLP

\_\_\_\_\_  
Firm/Company

100 SE 2nd Street, Suite 3400

\_\_\_\_\_  
Address

Miam, Florida 33131

\_\_\_\_\_  
City/State and Zip Code

mcolomar@diazreus.com

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

For further information concerning this matter, please call:

Marta Colomar Garcia

305

375-9220

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: AWE MEDICAL GROUP LLC.

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

5706 OAKMONT AVE.

FORT LAUDERDALE, FL 33312

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

5706 OAKMONT AVE.

FORT LAUDERDALE, FL 33312

08/13/2020

L20000247663

3. Date of filing/registration in Florida

4. Document number

5. (a) JORGE GUTIERREZ

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

14412 SPYGLASS ST

ORLANDO, FL 32826

(b) Marta Colomar Garcia

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Diaz, Reus & Targ, LLP

**NEW** Registered Office Address:

100 SE 2nd Street, Suite 3400

Miami, FL 33131

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Leon Levy

Signature of a member or authorized representative of a member

Printed or typed name of signee

*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.*

Signature of Registered Agent