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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

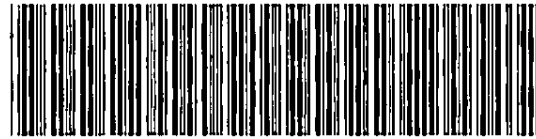
(Business Entity Name)

(Document Number)

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2021 FEB 11 11:12:53

R. WHITE
FEB 18 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MG MEDICAL & ASSOCIATES 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:

MARIANELA GALVEZ PEREZ

Name of Person

MG MEDICAL & ASSOCIATES LLC

Firm/Company

2449 NW 4TH STREET

Address

MIAMI, FLORIDA, 33125

City/State and Zip Code

MGMEDASSOCIATED@GMAIL.COM

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

or further information concerning this matter, please call:

MARIANELA GALVEZ PEREZ

786 3430172

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MG MEDICAL & ASSOCIATES LLC

2021 11 11 12:50

(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 OCTOBER 01, 2020 and assigned
Florida document number L20000310612.

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 "L.L.C."

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

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

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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

.. attaching 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>
VP	CHARLES SORHAINDO	2449 NW 4TH STREET	<input type="checkbox"/> Add
		MIAMI, FL, 33125	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	LEONARDO QUINTANA GALVI	2449 NW 4TH STREET	<input type="checkbox"/> Add
		MIAMI, FL, 33125	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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 is filed.

Signature of a member or authorized representative of a member

MARIANELA GALVEZ PEREZ

Typed or printed name of signee