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2023 JUN 23 PH 5: 26

COVER LETTER

TO: Registration Section Division of Corporations

MG MEDICAL & ASSOCIATES LLC

SUBJECT: _

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

1330 Coral Way, Suite 301

Address

MIAMI, FLORIDA, 33145

City/State and Zip Code

MGMEDASSOCIATED@GMAIL.COM

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

For further information concerning this matter, please call:

Marianela Galvez Perez

Name of Person

at (_____)

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Liability Company) OCTOBER 01, 2020 and assigne 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: (Mailing address, if applicable: (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 office address here:	AR		AMENDMENT	
OF 2023 JUL 23 PH 5 (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 assigne Florida document number L2000310612 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Inter new principal offices 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 office address here:		-	-	
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agent and/or the new registered office address here:	(Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida, 33145	
Name of New Registered Agent:			address on our records, <u>ente</u>	er the name of the new registere
	wante of New Registered Agent.			
New Registered Office Address: 1330 Coral Way, Suite 301	New Registered Office Address:	1330 Coral Wa		
Enter Florida street address				
Miami, Florida ³³¹⁴⁵		Miami		Florida 33145
City Zip Code			City	Zip Code

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

AMBF	₹ =	Authorized	Member
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<u>Title</u>	Name	Address	Type of Action
VP	CHARLES SORHAINDO	2449 NW 4TH STREET	🗆 Add
		MIAMI, FL, 33125	ERemove
			□Change
			🖸 Add
			🗆 Remove
			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	XA	lay 01, 2023			
Effective date, if other than th	e date of filing:			(optional)	
(If an effective date is listed, the date m Note: If the date inserted in this	ust be specific and cann block does not meet	iot be prior to date o the amplicable stat	f filing or more than 90 utory filing requirer	days after filing.) Pursua nents, this date will no	nt to 605.0207 (3 t be listed as th
document's effective date on the	Department of State'	's records.			
he record specifics a delayed effect	ive date, but not an e	ffective time, at 1	2:01 a.m. on the ear	lier of: (b) The 90th	day after the
ord is filed.					-
June 19 Dated	20)23			
	·	<u></u> .			
		NI			
	Signature of a memb	ber of authorized rep	presentative of a memb	ner	-
		7			
MARIANELA GALV					
	Тур	ed or printed name	of signee		

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