## L20000381283

(Re	equestor's Name)	
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## **COVER LETTER**

Division of Corp			
	URIEL MD LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ROBERTO URIEL		
		Name of Person	
	ROBERTO URIEL MD L	LC	
		Firm/Company	·
	5433 NW 105TH CT		
		Address	
	DORAL, FL 33178		
		City/State and Zip Code	<del></del>
	RURIELMD@AOL.COM	to be used for future annual report notif	ication
For further information c	oncerning this matter, please ca		
ROBERTO URIEL		305 799-4726	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	rtion
Printed and CO	Section	Distriction of Con-	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 DEC 18 AM 7: 12

ROBERTO URIEL MD LLC	5 777 772	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records:)	
The Articles of Organization for this Limited Liability Company Florida document number 1.20000381283	were filed on 12/07/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5433 NW 105TH CT	
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL. 33178	
Enter new mailing address, if applicable:	5433 NW 105TH CT	
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL. 33178	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the na</u>	me of the new register
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 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

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Title	<u>Name</u>	2020 DEC 18 AH 7: 12	Type of Action
AMBR	ROBERTO URIEL	5433 NW 105TH CT-DORAL, FL. 33178	<b>=</b> Add
		7765 NW 48 STREET 240 DORAL, FL 33166	≣Remove
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BE 5433 NW 105TH CT DORAL, FL 33178	
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date:  If the date inserted in this block does not meet the applicable	ate of filing or more than 90 days after filing.) Pursuant to 605.05 statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, is filed.	at 12:01 a.m. on the earlier off (b) The 90th day after t
ated DECEMBER 16 2020	
Nober to Unel Signature of a member or authorize	
1/0/000 to 1/1/2	

Filing Fee: \$25.00