

L20000381283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

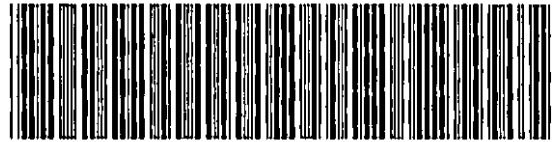
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 DEC 18 AM 7:11  
TOLSON FLS

O SIMMONS  
FEB 03 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ROBERTO URIEL MD 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:

ROBERTO URIEL

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

ROBERTO URIEL MD LLC

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

5433 NW 105TH CT

\_\_\_\_\_  
Address

DORAL, FL 33178

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

RURIELMD@AOL.COM

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

For further information concerning this matter, please call:

ROBERTO URIEL

305  
at ( )

799-4726

\_\_\_\_\_  
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

2020 DEC 18 AM 7:12

(Name of the Limited Liability Company as it now appears on our records):  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

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2020 DEC 18 AM 7:12

SECRET

[illegible]

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

WE ARE CORRECTING THE BUSINESS ADDRESS. THE CORRECT BUSINESS ADDRESS SHOULD

BE 5433 NW 105TH CT DORAL, FL 33178

2020 DEC 18 AM 7:12

FILED

**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 DECEMBER 16 2020

Roberto Uriel  
Signature of a member or authorized representative of a member

ROBERTO URIEL  
Typed or printed name of signee