

4/29/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MY FLORIDA COMMUNITY HEALTH CENTER LLC

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MAY - 3 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY FLORIDA COMMUNITY HEALTH CENTER LLC

(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 01/07/2021 and assigned Florida document number L21000019730.

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)

10887 NW 17TH ST

SUITE 203

MIAMI, FL 33172

2021 APR 30 PM 1:46
SECRETARY OF STATE
TREASURY OF FLORIDA

FILED

B. 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:

CHANGE OF ADDRESS

New Registered Office Address:

10887 NW 17TH ST SUITE 203

Enter Florida street address

MIAMI

Florida 33172

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 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHANGE OF ADDRESS	10887 NW 17TH ST	☐ Add
		SUITE 203	☐ Remove
		MIAMI, FL 33172	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change

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MIAMI

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

2021 APR 30 PM 1:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)
 _____ (optional) Date of filing, or more than 90 days after filing

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) of the rules, information entered on this block form must meet the applicable statutory filing requirements; this date will not be listed as the effective date.

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: 4/27 2021

① John Thomas

Signature of a member or authorized representative of a member

ERICK G. ESPINOZA CASTELLAR

Typed or printed name of signee