

4/8/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SINA MEDICAL CENTER LLC**

Certificate of Status	0
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April 9, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SINA MEDICAL CENTER LLC
1541 SE 12 AVENUE, SUITE 21
HOMESTEAD, FL 33034

SUBJECT: SINA MEDICAL CENTER LLC
REF: L21000022055

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

MICHAEL RIVERA IS ALREADY LISTED AS MBR SO WHAT CHANGE DO YOU WANT AND LAZARO CASTRO TITLE IS WHAT

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

FAX Aud. #: E21000140620
Letter Number: 621A00007394

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SINA MEDICAL 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 01/25/2021 and assigned Florida document number L21000022055.

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)

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: LAZARO CASTRO

New Registered Office Address: 1541 SE 12 AVENUE, SUITE 21

Enter Florida street address

HOMESTEAD

City

Florida

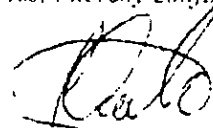
State

33034

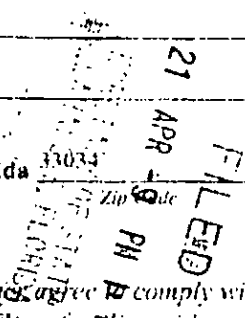
Zip code

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	MICHAEL RIVERA	1541 SE 12 AVENUE SUITE 21	<input type="checkbox"/> Add
		HOMESTEAD, FL 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAZARO CASTRO	1541 SE 12 AVENUE SUITE 21	<input type="checkbox"/> Add
		HOMESTEAD, FL 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

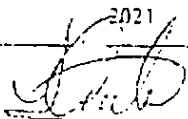
E. Effective date, if other than the date of filing: _____ (optional)

(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 APRIL 5

2021


Signature of a member or authorized representative of a member

LAZARO CASTRO

Typed or printed name of signee

Filing Fee: \$25.00