

L21 000024572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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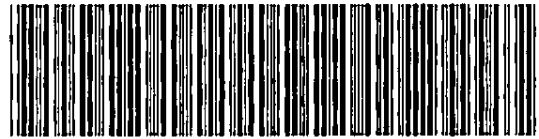
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE

LS
5/28/21

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CN PLASTIC DERMATOLOGY SURGICAL SERVICES 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:

CARLOS LUIS GONZALEZ GOVANTES

Name of Person

CN PLASTIC DERMATOLOGY SURGICAL SERVICES LLC

Firm/Company

12271 SW 143RD LANE

Address

MIAMI, FLORIDA, 33186

City/State and Zip Code

drcarloslgonzalezg@hotmail.com

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

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For further information concerning this matter, please call:

CARLOS LUIS GONZALEZ GOVANTES

+1 (786) 6160216
at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CN PLASTIC DERMATOLOGY SURGICAL SERVICES 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 JANUARY 11 2021 and assigned
Florida document number L21000024572.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CN SURGICAL SERVICES LLC

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:

12271 SW 143 RD LANE, MIAMI, FL, 33186

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

12271 SW 143RD LANE, MIAMI, FL, 33186

(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:

CARLOS LUIS GONZALEZ GOVANTES

New Registered Office Address:

12271 SW 143RD LANE

Enter Florida street address

MIAMI

City

Florida

33186

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>
MGR	CARLOS LUIS GONZALEZ GOV	12271 SW 143RD LANE, MIAMI, FL, 33186	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	NIRZA VICTORIA SISALEMA R	12271 SW 143RD LANE, MIAMI, FL, 33186	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NAMES OF THE OWNERS OF CN SURGICAL SERVICES LLC (AS IN GOUVERNAMENTAL IDs)

MGR CARLOS LUIS GONZALEZ GOVANTES

MGR NIRZA VICTORIA SISALEMA RIVAS

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DEPARTMENT OF STATE
HALLWAY 1001 E.P.

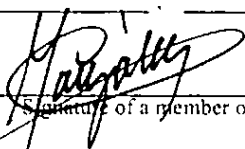
E. Effective date, if other than the date of filing: _____ (optional)

(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 MARCH 24 2021



Signature of a member or authorized representative of a member

CARLOS LUIS GONZALEZ GOVANTES

Typed or printed name of signee