

05/10/2021

15:47

3052201440

LAZARUS CORPORATE

PAGE 01/02

L2100044432

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000300092 3)))



H210003000923ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PHOENIX MEDICAL CENTER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

2021 AUG -9 PM 3:35

RECEIVED
TALLAHASSEE, FLORIDA

FILED
2021 AUG -9 AM 9:01
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/11/2011 BY 60322

Electronic Filing Menu

Corporate Filing Menu

Help

141

Articles of Amendment to LLC Articles of Organization ofPhoenix Medical Center LLC

The Articles of Organization for this Limited Liability Company were filed on
1/25/21 and assigned Florida document number

621000044432

This amendment is submitted to amend the following:

Remove Tahini Ariasaddress: 1636 SW 136 PL miami FL 33175add: Elder Campos Fonseca: AMBRaddress: 8231 NW 8TH ST APT 208 miami FL 33126change mailing address: 16945 SW 119TH PL
miami FL 33177change (R A) govt: 5200 NW 33AVE suite #212
ADDRESS Fort Lauderdale FL 33309

ADD ADRIAN OLIVARES as REGISTERED AGENT

These articles of amendment were adopted on 8/9/2021

Dated 8/9/2021

Signature of a member or authorized representative of a member

Elder Campos

Typed or printed name of signee

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

AS
Signature of New Registered Agent, if changing

FILED
2021 AUG -9 AM 9:01
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA