

L21000044432

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.

((H21000303066 3)))



H210003030663ABCV

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 : I2000000019
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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 AUG 11 PM 12:42

FILED

RECEIVED
2021 AUG 11 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

111

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

The Articles of Organization for this Limited Liability Company were filed on 11/25/2021 and assigned Florida document number 131000001113

This amendment is submitted to amend the following:

Change Principal address:
5700 NW 3300 Suite # 212 Fort Lauderdale
FL: 33309

FILED
2021 AUG 11 PM 12:42
JUL 24 5 14 PM '21
FBI - ALBUQUERQUE

These articles of amendment were adopted on 8/10/21

Dated: 8/10/21

Signature of a member or authorized representative of a member

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.

Signature of New Registered Agent, if changing