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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAP MEDICAL CENTER LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

. From: Yanet Avila

CAP MEDICAL CENTER LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lin | ilted Liability Compa (A Florida Limited) | ny as It now appears on a Clability Company) | our records.) | |
|---|---|---|--|--|
| The Articles of Organization for this Limited Florida document number L21000056033 | Liability Company | were filed on 02/11/20 | and assign OCT - 1 AM 10: | |
| This amendment is submitted to amend the fo | llowing: | | | |
| A. If amending name, enter the new name | of the limited liab | ility company here: | 7 | |
| The new name must be distinguishable and contain the | words "Limited Liabil | lity Company," the designa | tion "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if appli | icable: | | | |
| (Principal office address MUST BE A STRE | <u>ET ADDRESS)</u> | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE | E BOX) | | | |
| | | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addressed agent. Name of New Registered Agent: | | | छ, enter the name of the new registered | |
| | 2742 SW 8 STE | EET STE-11 | | |
| New Registered Office Address: | 2742 SW 8 STREET STE: 11 Enter Florida street address | | | |
| | MIAMI | | , Florida 33135 Zip Code | |
| | | City | Zip Code | |
| New Registered Agent's Signature, if changing | Registered Agent; | | | |
| I hereby accept the appointment as register provisions of all statutes relative to the projection accept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this | per and complete sistered agent as p registered office s change. | performance of my d provided for in Chapt address, I hereby con | uties, and I am familiar with and er 605, F.S. Or, if this document is | |

From, Yanet Avila

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> | Name | Address | Type of Action |
|--------------|--------------------------|----------------------------|----------------|
| AMBR | OLDANIA BRAVO | 2742 SW 8 STREET STE: 11 | ■Add |
| | | MIAMI, FL 33135 | ☐ Remove |
| | | | |
| AMBR | REINALDO HERNANDEZ LOY | 2742 SW 8 STREET STE: 1: | ≅Aćđ |
| | | MIAMI, FL 33135 | □Remove |
| | | | Change |
| AMBR | CAMILO A. CAPOTE ESTEVEZ | 299 ALHAMBRA CIR STE 203 | □ Add |
| | | CORAL GABLES, FL 33134 | ■ Remove |
| | | | ☐ Change |
| MOR | YANDY PEREZ PEREZ | 2742 SW 8 STREET, SUITE 11 | |
| | | MIAMI, FL 33135 | ■Remove |
| | | | Change |
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| | | | □ Remove |
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| ective date, if ot | her than the date o | of filing: wific and cannot be prior | o date of filing or mon | (option | ial) |
| <u>te:</u> If the date inse | erted in this block da | es not meet the application of State's records. | ble statutory filing | requirements, this | date will not be listed |
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| cord specifies a de | elayed effective date, | but not an effective tir | ne, at 12:01 a.m. on | the earlier of: (b) | The 90th day after th |
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