## K21000080107

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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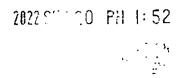


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August 5, 2022

CARLOS A AUTIE 6155 NW 105TH CT APT 3128 DORAL, FL 33178

SUBJECT: AUTIE MEDICAL GROUP, LLC

Ref. Number: L21000080107

We have received your document for AUTIE MEDICAL GROUP, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 522A00017548

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

## COVER LETTER

TO:

Registration Section

Division of Corporations						
AUTIE MI	EDICAL GROUP, LLC					
SUBJECT:	Name of Lim	ited Liability Company	<del></del>			
791 I FA - 1 1 2		to a color				
	Amendment and fee(s) are sub					
Please return all correspo	ondence concerning this matter	to the following:				
	CARLOS A AUTIE					
	·	Name of Person				
	AUTE MEDICAL GROU	P. LLC				
		Firm/Company	<u></u>			
	2204 IV 74711 TED					
	2294 W 74TH TER					
		Address				
	HIALEAH, FL 33016					
		City/State and Zip Code	<del></del>			
	AUTIEMEDICALGROUP	=				
	E-mail address: (	to be used for future annual report noti	ification)			
For further information e	oncerning this matter, please c	all:				
CARLOS A AUTIE		305 776-2442				
Name o	f Person	at () Area Code Daytim	te Telephone Number			
Enclosed is a check for the	ne 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 9	Section	Street Address: Registration Se				
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee				
Tallahassee, l			e Street, Suite 810			

Tallahassee, FL 32303

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

F[L E[] 2022 SEP 20 PH 4:

()1	20 PH L: 20
CROSE CROSER LLC	as it now appears on our records.) PALL AND SEC. LE
AUTIE MEDICAL GROUP, LLC  (Name of the Limited Liability Company) (A Florida Limited Liability Company)	as it now appears on our records.) A P. J. S. C. L.
(A Florida Limited Uia	punk combany.
The Articles of Organization for this Limited Liability Company w	and assigned and assigned
The Articles of Organization for this Limited Liability Company w	rere fried on
Florida document number L21000080107	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
A. If amending name, enter the new mans	
The new name must be distinguishable and contain the words "Limited Liability and Contain the words "Liability an	ty Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liability	(i) Clumbus's
Enter new principal offices address, if applicable:	HIALEAH, FL 33016
(Principal office address MUST BE A STREET ADDRESS)	
(TIMESPAL SA)	
	2294 W 74TH TER
Enter new mailing address, if applicable:	HIALEAH, FL 33016
(Mailing address MAY BE A POST OFFICE BOX)	THATCH
(Mailing address MAT DE AT SEC.	
	address on our records, enter the name of the new registered
B. If amending the registered agent and/or registered office	
B. If amending the registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Tiges	
New Registered Office Address:	Enter Florido street address
New Negative	
	Florida
	City

## New Registered Agent's Signature, if changing Registered Agent;

Thereby 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.

H 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

AMBR = Au	ithorized Member		Type of Action
<u>Title</u>	Name	<u>Address</u>	
AMBR	LIENLI PERDOMO	2294 W 74TH TER	🗀 Add
		HIALEAH, FL 33016	Remove
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E. Effective date, if other than the date of filing:  ((optional))  (If an effective date is based, the date must be specific and cannot be prior to date of filing or more than 90 (days after filing.) Pursuant to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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	If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary,)
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Dated	Dated	·
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member
CARLOS A AUTTE  Typed or printed name of signee		CARLOS A ALITU:

Filing Fee: \$25,00

P 20 P		other information								
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Filing Fee: \$25.00