

121000089490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

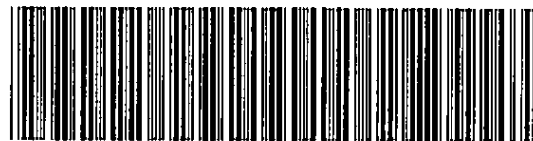
(Business Entity Name)

(Document Number)

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12/02/21--01010--024 **25.00

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T. MATTHEWS

DEC 13 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AGAPE HEALTH MEDICAL GROUP 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:

BETHZAIRA DIAZ

AGAPE HEALTH MEDICAL GROUP LLC

Firm/Company

101425 OVERSEAS HIGHWAY BOX 245

Address

KEY LARGO FL 33037

City/State and Zip Code

SUE@KEYSACCOUNTING.COM

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

For further information concerning this matter, please call:

BETHZAIRA DIAZ

786

339-4683

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**

DEC -2 PM 3:29

AGAPE HEALTH MEDICAL GROUP 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 FEBRUARY 23, 2021 and assigned
Florida document number L21000089490

This amendment is submitted to amend the following:

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

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:

7000 SW 62ND AVE, SUITE 600

(Principal office address MUST BE A STREET ADDRESS)

SOUTH MIAMI FL 33143

Enter new mailing address, if applicable:

101425 OVERSEAS HIGHWAY BOX 245

(Mailing address MAY BE A POST OFFICE BOX)

KEY LARGO, FL 33037

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:

BETHZAIRA DIAZ

New Registered Office Address:

7000 SW 62ND AVE, SUITE 600

Enter Florida street address

SOUTH MIAMI

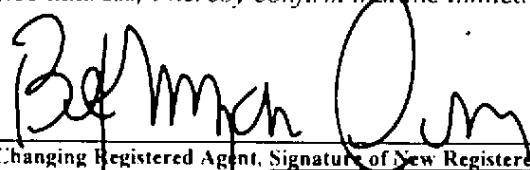
City

. Florida 33037

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MIGUEL DIAZ, MD	101425 OVERSEAS HIGHWAY BOX 245	<input checked="" type="checkbox"/> Add
		KEY LARGO, FL 33037	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BETHZAIRA DIAZ, MD	101425 OVERSEAS HIGHWAY BOX 245	<input type="checkbox"/> Add
		KEY LARGO, FL 33037	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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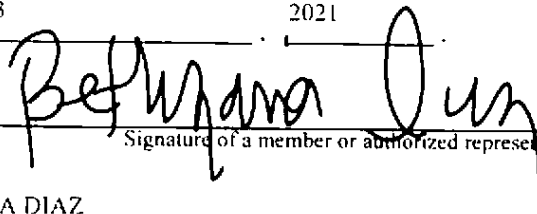
E. Effective date, if other than the date of filing: _____ (optional)

(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 NOVEMBER 23, 2021



Signature of a member or authorized representative of a member

BETHZAIRA DIAZ

Typed or printed name of signee