# Florida Department of States

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(((H240001881013)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARES & COMPANY, C.P.A., P.A.

Account Number : I20000000268 Phone : (305)229-8256 Fax Number : (305)229-8252

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

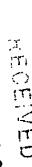
Email Address:\_\_\_maydibis@gmail.com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAYDIBIS BLANCO ALONSO APRN, LLC

Certificate of Status	0
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Page Count	01
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May 29, 2024

#### FLORIDA DEPARTMENT OF STATE

MAYDIBIS BLANCO ALONSO APRN, LLC Division of Corporations 14460 SW 50TH TERR MIAMI, FL 33175

SUBJECT: MAYDIBIS BLANCO ALONSO APRN, LLC

REF: L21000100295

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please sign the amendment form on the signature line at the bottom of page 3 instead of typing your name in twice

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) 245-6050.

Annette Ramsey OPS

FAX Aud. #: H24000188101 Letter Number: 024A00011645

### **COVER LETTER**

TO:

TO: Registration S Division of Co					
CUBIECT.	MAYDIBIS BLANCO	ALONSO APRN, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return ali corresp	ondence concerning this matter	to the following:			
	MILTON ARES. C	PA			
		Name of Person			
	ARES & COMPA	NY CPA			
		Firm/Company	<del>,,,,,,,,</del>		
	3636 SW 87 AVE				
	-	Address			
	MIAMI, FL 33172	MIAMI. FL 33172			
		City/State and Zip Code			
	INFO@ARESCP.				
Г С <b>-</b> :- С:-		to be used for future annual report not	tification)		
ror further information	concerning this matter, please c	aii:			
YDIA TAPIA		305 229-8256	5		
Name	of Person		ne Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	S30.00 Fiting 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 Addre Registration		Street Address: Registration Se	ection		
Division of 0	Corporations	Division of Co	rporations		
P.O. Box 63		The Centre of			
Tallahassee,	rl 32314	2415 N. Monro	pe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAYDIBIS BLANCO ALONSO APRN 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 \_\_\_\_ and assigned Florida document number \_ L21000100295 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: L& E MEDICAL SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

N/A	
If Changing Registered Ag	ent. 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00