

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000100295

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((H24000188101 3)))



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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 : 120000000268
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

RECEIVED
2024 MAY 30 AM 11:23
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MAYDIBIS BLANCO ALONSO APRN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2024 MAY 30 PM 1:48

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MAY 31 2024

K. Brumbley



May 29, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MAYDIBIS BLANCO ALONSO APRN, LLC
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: Registration Section
Division of Corporations**

SUBJECT: MAYDIBIS BLANCO ALONSO APRN, 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:

MILTON ARES. CPA

Name of Person

ARES & COMPANY CPA

Firm/Company

3636 SW 87 AVE

Address

MIAMI, FL 33172

City/State and Zip Code

INFO@ARESCPA.COM

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

For further information concerning this matter, please call:

YDIA TAPIA

at (305) 229-8256

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**

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 03/02/2021 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:

I & 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."

Enter new principal offices address, if applicable:

N/A

(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:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

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

N/A

[illegible]

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 MAY 28 2024

MAYDIBIS BLANCO ALONSO x

Signature of a member or authorized representative of a member

MAYDIBIS BLANCO ALONSO

Typed or printed name of signee

Filing Fee: \$25.00