

K21 000 116 288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

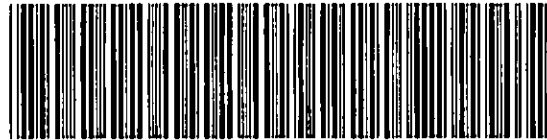
(Document Number)

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05/13/21--01022--017 **25.00

21 MAY 13 AM 9:53

COVER LETTER

My name is Yetzabel Lamar Morales and attached is the form to amend the Articles of Organization of a Florida Limited Liability Company.

My daytime telephone number: 813 475 1356.

My email: ylmorales78@yahoo.es

My address: 14703 Castelletto Dr. Tampa FL 33626.

Please feel free to contact me with any question.

Sincerely

Yetzabel Lamar Morales

A handwritten signature in black ink, appearing to read 'Yetzabel', with a large, stylized flourish extending from the end of the name.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINLAY MEDICAL CLINIC SA, 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:

YETZABEL LAMAR MORALES
Name of Person
FINLAY MEDICAL CLINIC SA, LLC
Firm/Company
14703 CASTELLETTO DRIVE
Address
Tampa FLORIDA 33626
City/State and Zip Code
ylmorales78@yahoo.es
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yetzabel Lamar Morales at (813) 475 1356
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FINLAY MEDICAL CLINIC SA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

21 MAY 13 AM 9:53

The Articles of Organization for this Limited Liability Company were filed on 3/11/2021 and assigned
Florida document number L21000116288

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: _____

(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: _____

New Registered Office Address: _____

6101 Webb Rd. Unit 206

Enter Florida street address

Tampa
City

Florida

33615

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

21 MAY 13 AM 8:53

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Liuber Carbalkar Alberteries	6101 Webb Rd. Unit 206 Tampa, FL 33615	<input checked="" type="checkbox"/> Add

☐ Remove

☐ Change

☐ Add

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☐ Remove

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

21 MAY 13 AM 9:53

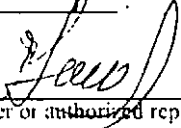
E. Effective date, if other than the date of filing: _____ (optional)

(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 10th 2021



Signature of a member or authorized representative of a member

YETZABEL LAMAR MORALES

Typed or printed name of signee