

K21000132848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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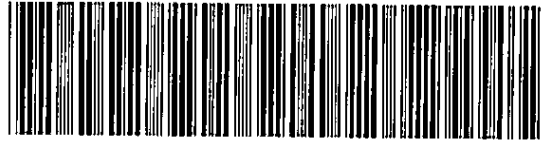
(Business Entity Name)

(Document Number)

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10/26/21--01014--003 **25.00

FILED
2021 OCT 26 PM 2:11
CLERK OF STATE
TOLSON COUNTY, PA

A. BUTLER

NOV 10 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NACQUA MEDICAL CENTER, 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:

Nelly Marisa Pretto
Name of Person

Nacqua Medical Center LLC
Firm/Company

2660 NW 97 Ave
Address

Doral Florida 33172
City/State and Zip Code

marisa.pretto@nacquamc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nelly Marisa Pretto at (954) 955 4852
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

Nacqua Medical Center LLC

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

FILED

2021 OCT 26 PM 2:11

CLERK OF STATE

The Articles of Organization for this Limited Liability Company were filed on March 23, 2021 and assigned Florida document number L21000132848.

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)

2660 NW 97 Ave Miami

Florida 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~2660 NW 97 Ave~~ 4720 NW 85 Ave

Doral Florida 33166

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:

Nelly Marisa Pretto

New Registered Office Address:

4720 NW 85 Ave

Enter Florida street address

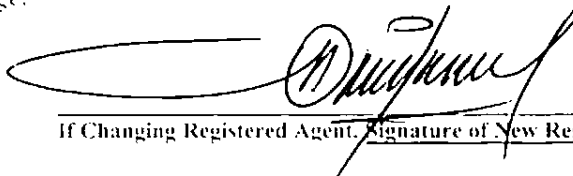
Doral
City

Florida

33166
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

[illegible]

[illegible]

(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)

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.

NELLY MARIA PRETO

Sandra M. Trujillo Ausin