

L21000147682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

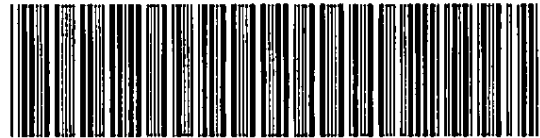
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BETTER YEARS AHEAD 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:

TAIMARYS VELAZQUEZ PEREZ

Name of Person

BETTER YEARS AHEAD MEDICAL CENTER LLC

Firm/Company

6405 RHONDA RD

Address

TAMPA FL 33615

City/State and Zip Code

taimarysvelazq0518@yahoo.com

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

For further information concerning this matter, please call:

TAIMARYS VELAZQUEZ PEREZ

786 362-9862  
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

SECRET  
TALLAHASSEE

2022 NOV 21 PM 9:23

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BETTER YEARS AHEAD MEDICAL CENTER 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 03/30/2021 and assigned  
Florida document number L21000147682.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(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.*

**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

| <u>Title</u> | <u>Name</u>              | <u>Address</u>     | <u>Type of Action</u>                      |
|--------------|--------------------------|--------------------|--|
| AMBR         | LAZARO F. GONZALEZ HERRE | 6503 LOS ALTOS WAY | <input type="checkbox"/> Add               |
|              |                          | TAMPA FL 33634     | <input type="checkbox"/> Remove            |
|              |                          |                    | <input checked="" type="checkbox"/> Change |
| AMBR         | TAIMARYS VELAZQUEZ PERE  | 6405 RHONDA RD     | <input type="checkbox"/> Add               |
|              |                          | TAMPA FL 33615     | <input type="checkbox"/> Remove            |
|              |                          |                    | <input checked="" type="checkbox"/> Change |
| AMBR         | JOSE L. AMORIN           | 750 EAST 20TH ST   | <input checked="" type="checkbox"/> Add    |
|              |                          | HIALEAH FL 33013   | <input type="checkbox"/> Remove            |
|              |                          |                    | <input type="checkbox"/> Change            |
|              |                          |                    | <input type="checkbox"/> Add               |
|              |                          |                    | <input type="checkbox"/> Remove            |
|              |                          |                    | <input type="checkbox"/> Change            |
|              |                          |                    | <input type="checkbox"/> Add               |
|              |                          |                    | <input type="checkbox"/> Remove            |
|              |                          |                    | <input type="checkbox"/> Change            |

SECRET  
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TAMPA FL 33601

2022 NOV 21 AM 9:23  
SECRETARY OF THE  
TALLAHASSEE COUNTY

2023 NOV 21 AM 9:23  
SECRET NO FORN DISSEM  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 05-01-2013 BY 60322  
UCBAW/BJA

(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)

Dated NOVEMBER 5TH

2022

Signature of a member or authorized representative of a member

TAIMARYS VELAZQUEZ PEREZ

Typed or printed name of signee

**Filing Fee: \$25.00**