## LZ1000151041

(Re	questor's Name)	
(Ad	dress)	<u></u>
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number	<del></del>
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		6/10/21 TM

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## COVER LETTER

TO: Registration Section

Division of Cor	porations	, ,						
NEW FOC	US MENTAL HEALTH SOLI	UTION LLC *						
SUBJECT:	Name of Lin	ited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
	OSTERY MATHEU VAL	DES						
		Name of Person						
	<u> </u>	Firm/Company						
	6531 SW 4TH ST							
		Address						
	MIAMI FL 33144	_						
		City/State and Zip Code						
	NEWFOCUSMENTAL@C							
	E-mail address: (	to be used for future annual report not	tification)					
For further information c	oncerning this matter, please c	all:						
OSTERY MATHEU VALDES		786 312-9930 at ()						
Name o	f Person	Area Code Daytin	ne Telephone Number					
Enclosed is a check for the	ne 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		Street Address:						
Registration S Division of C		Registration Section Division of Corporations						
P.O. Box 632	7	The Centre of Tallahassee						
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

## 

21 APR 26 PH 3: 57

NEW FOCUS MEDICAL CENTER LLC

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

· · · · · · · · · · · · · · · · · ·	were filed on 03/31/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	4180 SW 74TH CT STE 204	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33155	
Enter new mailing address if annlicables	4180 SW 74TH CT   STE 204	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33155	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  N/A	address on our records, <u>enter the nan</u>	ne of the new registered
New Registered Office Address:	Enter Florida straat address	
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		Zip Code
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:	ment is submitted to amend the following:  ding name, enter the new name of the limited liability company here:  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  principal offices address, if applicable:  ### MIAMI FL 33155  ### M	

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:

	Manager Authorized Member		And Francisco					
<u>Title</u>	<u>Name</u>	Address	<b>21</b> APR 26	PH 355 of Action				
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cord spe s filed,	cifies a delaye	d effective	e date, but n	ot an e	ffective tin	ne, at 12:(	)1 a.m. on	the earli	er of: (	b) The 9	Oth da	ay afi	er the
ed	Apri	17	L	<u> </u>	2021	<u>.</u>							
			Ox	ten	, Ha	chas	( In P.	Acc.					
				· - 7			June	~ <u>~</u>					
-			Signature of Stery	a meful	er or author	rized repres	sentative of	`a membe	r				

Filing Fee: \$25.00