

L21000152195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

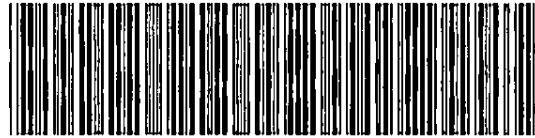
(Business Entity Name)

(Document Number)

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21 NOV 12 PM 3:26

T. MATTHEWS

NOV 29 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOFLO Medical Services and Labs 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:

Gabriel Lobaton

*Gabriel Lobaton*

\_\_\_\_\_  
Name of Person

*SOFLO Medical Services and Labs*

\_\_\_\_\_  
Firm/Company

3982 Coral Tree Circle

\_\_\_\_\_  
Address

Coconut Creek, FL 33073

\_\_\_\_\_  
City/State and Zip Code

GabrielLobaton@hotmail.com

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

For further information concerning this matter, please call:

Gabriel Lobaton

954

513 5925

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

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

SOFLO MEDICAL SERVICES AND LABS LLC

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

21 FEB 12 PM 3:24

The Articles of Organization for this Limited Liability Company were filed on 04/01/2021 and assigned  
Florida document number L21000152195.

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)**

3982 Coral Tree Circle

Coconut Creek, FL 33073

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

3982 Coral Tree Circle

Coconut Creek, FL 33073

**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:

Gabriel Lobaton

New Registered Office Address:

3982 Coral tree Circle

*Enter Florida street address*

Coconut Creek

Florida 33073

*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

21 RC: 12 FL: 3: 24

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Leslie Bravo	1021 FAIRFAX CIR W	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RODRIGUEZ-DIAZ, JOSE R, MD	A15 CALLE DR. TOYER, URB. VILLAS ROSALES	<input type="checkbox"/> Add
		AIBONITO PR 00705	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gabriel Lobaton	3982 Coral Tree Circle	<input checked="" type="checkbox"/> Add
		Coconut Creek, Florida 33073	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

21 NOV 1977 3:24

(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)

**FILED - Fee - \$25.00**