

05/18/2021
05/18/2021

15:08 PROFESSIONAL SERVICES, LLC

(FAX)305 403 1061

P.001/005

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000199143 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PROFESSIONAL SERVICES
Account Number : I20040000024
Phone : (786)303-5010
Fax Number : (305)403-1061

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEDSURE SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
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FLORIDA

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FLORIDA

21 MAY 18 AM 9:16

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

H2100017117, 5

TO: Registration Section
Division of Corporations

SUBJECT: MEDSURE SERVICES LLC

L21000218005

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:

FRANK DIAZ

Name of Person

PROFESSIONAL SERVICES LLC

Firm/Company

3128 CORAL WAY

Address

MIAMI FLA 33145

City/State and Zip Code

professionalservices55@gmail.com

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

For further information concerning this matter, please call:

FRANK DIAZ

Name of Person

786

Area Code

303-5010

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

Thank you!



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

MEDSURE SERVICES 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 MAY 10, 2021 and assigned
Florida document number L21000218008.

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:

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

05/18/2021 15:09 PROFESSIONAL SERVICES, LLC

(FAX) 305 403 1061

P.004/005

05/18/2021 15:09 PROFESSIONAL SERVICES, LLC (FAX) 305 403 1061 P.0047003
 11 authorizing 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

[illegible]

1421000171127

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

1. Introduction
 2. Background
 3. Methodology
 4. Results
 5. Conclusion
 6. References
 7. Appendix
 8. Index
 9. Glossary
 10. Summary
 11. Abstract
 12. Keywords
 13. Subject
 14. Topic
 15. Field
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E. Effective date, if other than the date of filing: _____ (optional)

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)

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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 18

2021

Signature of a member or authorized representative _____ 2021

Signature of a member or authorized representative of a member

JOSE CONTRERAS

Typed or printed name of signee