

L21 000 297 932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

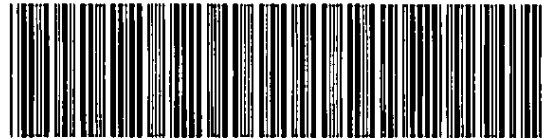
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200373642602

00 37131--01317--010 \*\*25.00

FILED  
2021 OCT 29 AM 11:14  
CLERK OF STATE  
TALLAHASSEE, FL

Y SULKER

OCT 29 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2021

DESCARTABLES MULTISALUD LLC  
3885 W WHITEWATER AVE  
WESTON, FL 33332

SUBJECT: DESCARTABLES MULTISALUD LLC  
Ref. Number: L21000297932

We have received your document for DESCARTABLES MULTISALUD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 021A00024028

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

DESCARTABLES MULTISALUD 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 06/28/2021 and assigned  
Florida document number L21000297932.

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)

3885 W WHITEWATER AVE

WESTON FL 33332

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

3885 W WHITEWATER AVE

WESTON FL 33332

**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:

PEDRO HERNANDEZ

New Registered Office Address:

3885 W WHITEWATER AVE

*Enter Florida street address*

WESTON

*City*

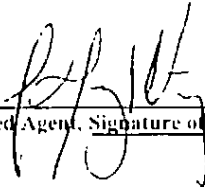
Florida 33332

*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>
MGR	ROSA DELLI CARPINI P	3885 W WHITEWATER AVE	<input type="checkbox"/> Add
		WESTON FL 33332	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	RAUL R RAUSSEO RIVAS	3885 W WHITEWATER AVE	<input type="checkbox"/> Add
		WESTON FL 33332	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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.

Signature of a member or authorized representative of a company:

Typed or printed name of signee

**Filing Fee: \$25.00**