# h21 000313563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

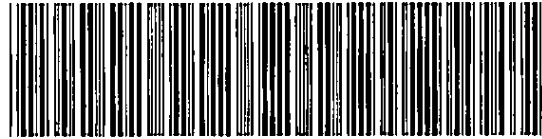☐ PICK-UP      ☐ WAIT      ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____      Certificates of Status _____

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10/12/21
TH

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# COVER LETTER

CENTRO MEDICO DE OJOS LLC
**SUBJECT:** _____
                           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:

JESUS PINERUA CARRIZO
_____
                           Name of Person

CENTRO MEDICO DE OJOS LLC
_____
                           Firm/Company

14316 FREDRICKBURG DRIVE UNI 502
_____
                           Address

ORLANDO, FL 32937
_____
                     City/State and Zip Code

infoserviciosbancarios@gmail.com
_____
     E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAVIER E GUZMAN VELASCO                          786        3400372
_____  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 &    ☐ $55.00 Filing Fee &    ☐ $60.00 Filing Fee,
                          Certificate of Status       Certified Copy           Certificate of Status &
                                                    (additional copy is enclosed)   Certified Copy
                                                                              (additional copy is enclosed)


**Mailing Address:**                    **Street Address:**
Registration Section                    Registration Section
Division of Corporations                Division of Corporations
P.O. Box 6327                           The Centre of Tallahassee
Tallahassee, FL 32314                   2415 N. Monroe Street, Suite 810
                                        Tallahassee, FL 32303

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

21 OCT -4 PH 12: 11

CENTRO MEDICO DE OJOS 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 07/08/2021 _____ and assigned

Florida document number L21000313563 _____.

This amendment is submitted to amend the following:

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

NA

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:**          NA

*(Principal office address MUST BE A STREET ADDRESS)*

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

*(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:          NA

New Registered Office Address:          NA

*Enter Florida street address*

NA _____ . Florida NA _____

*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, <u>enter the title, name, and address of each person being added or removed from our records</u>:**

**MGR =   Manager**
**AMBR = Authorized Member**

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| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|---|---|---|---|
| MGR | JAVIER E GUZMAN VELASCO | 14316 FREDRICKBURG DRIVE | ☐ Add |
| | | UNI 502 | ■ Remove |
| | | ORLANDO, FL 32937 | ☐ Change |
| MGR | CELIA KARINA GONZALEZ | 14316 FREDRICKBURG DRIVE | ■ Add |
| | | UNI 502 | ☐ Remove |
| | | ORLANDO, FL 32937 | ☐ Change |
| NA | NA | NA | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| NA | NA | NA | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| NA | NA | NA | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| NA | NA | NA | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

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

NA

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**E. Effective date, if other than the date of filing:** NA _____ (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)
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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  SEPTEMBER 20TH                    2021

*Jesus Pinerua*
Signature of member or authorized representative of a member

JESUS PINERUA
_____
Typed or printed name of signee