L21000334428

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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COVER LETTER

TO: Registration S Division of Co		,		
FABEM, I				
SUBJECT:	Name of Limi			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all corresp	ondence concerning this matter t	o the following:		
	Liliana Perez			
		Name of Person		
	Dr. PC M & S Inc			
		Firm/Company		
	8741 SW 146 Street			
		Address		
		City/State and Zip Code		
	Palmetto Bay, FL 33476			
	E-mail address: (to	o be used for future annual report n	otification)	
For further information	concerning this matter, please ca	11:		
Liliana Perez	,	305 2558167		
Name	of Person	at ()	ime 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 Addre		Street Address: Registration S	Section	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee,	上U 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FABEM LLC		
(<u>Name of the Limited Liahi</u> (A Flori	ility Company as it now appears on our re da Limited Liability Company)	eords.)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{07/23/2021}{}$	and assigned
Florida document number L21000334428	_ ·	
and the state of t		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
		·
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD		
Trincipal office address word DE 11 000021 1000		
		<u></u>
Enter new mailing address, if applicable:		• •
(Mailing address MAY BE A POST OFFICE BOX)		(2)
	1.00	and the second of the second o
B. If amending the registered agent and/or register agent and/or the new registered office address here:		iter the name of the new registere
agent and/or the new registered office address nere	•	
No. 2 Chlore Donier and Assess		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen	nt 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 dutie.	s, and I am familiar with and
accept the obligations of my position as registered	agent as provided for in Chapter 6	05, F.S. Or, if this document is a street that invited liability
being filed to merely reflect a change in the register company has been notified in writing of this change		н тасте итиса нарину
company nas veen noagwa in wraing of inis 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>	Address	Type of Action
MGR	MARCOS A BECERRA	1111 KANE CONCOURSE SUITE 305	🗆 Add
		BAY HARBOR ISLANDS, FL 33154	■Remove
			Change
MBR	INVERSIONES Y ASESORIAS BH LIMITADA	1111 KANE CONCOURSE SUITE 305	
		BAY HARBOR ISLANDS FL 33154	□Remove
			Change
			□Add
			□ Remove
			(ك) □Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

Effective date, if other than the date of filing: 7/722/2021 (aptional) I 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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the department of State is records. The effective date on the Department of State is records. The effective date on the Department of State is records. The effective date on the Department of State is records. The effective date on the Department of State is records. The effective date is listed. T				
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Effective date, if other than the date of filing: 17/22/2021				
Effective date, if other than the date of filing: 07/22/2021				
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Signature of a member or authorized representative of a member	AUGUST, 16 Dated	2021	_ ·	
Signature of a member or authorized representative of a member		1 / 100		
	Sig	nature of a member or author	> zed representative of a member	
	•		·	
	<u>-</u>	Typed or printed	name of signee	

Filing Fee: \$25.00