

L21 000 488 813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

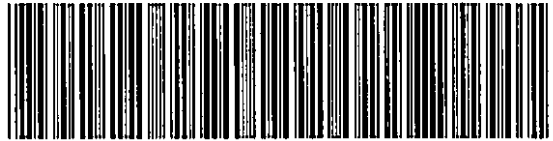
(Business Entity Name)

(Document Number)

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12/13/21--01030--027 **30.00

2021 DEC 13 AM 10:26
FILE
CLERK, FL

A. BUTLER

JAN - 3 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HYDRAVIT INFUSION CENTER

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:

Faure Lorenzo Delgado Leon

Name of Person

Integrated Urgent Care

Firm/Company

3595 west 20th Ave suite 130

Address

Hialeah, FL 33012

City/State and Zip Code

faureldl@gmail.com

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

For further information concerning this matter, please call:

Faure Lorenzo Delgado Leon

754

2467568

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**

HYDRAVIT INFUSION CENTER

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

2021 DEC 13 AM 8:28

The Articles of Organization for this Limited Liability Company were filed on 11/12/2021 and assigned
Florida document number 121000488813.

This amendment is submitted to amend the following:

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

INFUSION CARE SOLUTIONS LLC

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:

8810 SW 123RD CT APT M-209 MIAMI, FL 33186

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

8810 SW 123RD CT APT M-209 MIAMI, FL 33186

(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:

FAURE L. DELGADO LEON

New Registered Office Address:

8810 SW 123RD CT APT M-209

Enter Florida street address

MIAMI

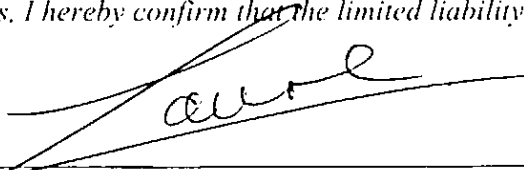
City

Florida 33186

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	FAURE L. DELGADO LEON	8810 SW 123RD CT APT M-209 MIAMI, FL 33186	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIANA LAURA GONZALEZ VIL	8810 SW 123RD CT APT M-209 MIAMI, FL 33186	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[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)

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 12/09/2021 3:19pm

Signature of a member or authorized representative of a member

FAURE L DELGADO LEON

Typed or printed name of signee