## L21000531182

(Paguactar's Nama)
(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:
Special instructions to Filing Officer.

Office Use Only



800408694738

00/0 1 -61/14 -619 \*•25.33

2023 M. Y 22 PH 6: 11

8 777 1234 JUL 17 2023

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Comprehensive Cancer Settinmgs 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: Edwin A Monterrosa Name of Person Comprehensive Cancer Settings LLC, Firm/Company 510 NW 84th Avenue, Suite 137 Address Plantation, FL33324 City/State and Zip Code monterrosa68@me.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Edwin A Monterrosa Name of Person 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

Comprehensive Cancer Settings 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 11/12/2021 \_\_\_\_\_ and assigned Florida document number L21000531782 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 "LLC." 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

## 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

\_\_\_\_\_, Florida \_\_\_\_

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	Edwin A Monterrosa	510 NW 84th Avenue, Suite 137	
		Plantation, FL 33324	□Remove
			<b>≡</b> Change
President	Lucia Zea Perez	510 NW 84th Avenue , Suite 137	□Add
		Plantation, FL 33324	■Remove
			☐Change
			□Add
			□Remove
			□Change
		<del> </del>	□Add
			□Remove
			□Change
<del></del>			□Remove
			□Change
			□Remove
			☐Change

Change the Title from CEO to MGK for MONTERROSA, EL	WIN A510 NW 84th Ave, Suite 137, Plantation, FL	
remove all together this person -Title PresidentPerez, Lucia Zea510 NW 84th Ave.suite 137Plantation, FL 33324		
<del></del>		
	7023 F AY	
	AY 22	
	0	
	. <u>.</u> 5:	
	4-4-4-1-4-1	
ctive date, if other than the date of filing:	(optional)	
If the date inserted in this block does not meet the applicable a ment's effective date on the Department of State's records.	e of filing or more than 90 days after filing.) Pursuant to 605 statutory filing requirements, this date will not be list	
ord specifies a delayed effective date, but not an effective time, a filed.	t 12:01 a.m. on the earlier of: (b) The 90th day afte	
d,		
and make	) . 5/17/23	

.

Filing Fee: \$25.00