L22000156123

(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:

5/7/8

Office Use Only

400387138694

05/10/22--01018--001 **30.00

2022 MAY 10 AM 5:42

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PROGRESS MEDICAL CENTER, L.L.C.
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:

WILLY CLERISIER
Name of Person

Progress Medical Center
Firm/Company

6980 SW 1st street
Address

MARGATE, FL 33068
City/State and Zip Code

CLERISE@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Willy CLERISIER at (954) 534-6681
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

2022 MAY 10 AM 5:42

PROGRESS Medical Center
(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 03-31-2022 and assigned Florida document number L22000156123

This amendment is submitted to amend the following:

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

N/A

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)

1800 North Federal HWY
Suite 207, Pompano Beach
FL 33062

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6980 SW 1st Street
MARGATE
FL 33068

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: WILLY CLERISIER

New Registered Office Address: 6980 SW 1st Street
Enter Florida street address

MARGATE *City*, Florida 33068 *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

Title	Name	Address	Type of Action
____	N/A	____	☐Add
		____	☐Remove
		____	☐Change
____	N/A	____	☐Add
		____	☐Remove
		____	☐Change
____	N/A	____	☐Add
		____	☐Remove
		____	☐Change
____	N/A	____	☐Add
		____	☐Remove
		____	☐Change
____	N/A	____	☐Add
		____	☐Remove
		____	☐Change
____	N/A	____	☐Add
		____	☐Remove
		____	☐Change

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

PROGRESS MEDICAL CENTER
1800 NORTH Federal HWy Suite207
Pompano Beach, FL 33062

E. Effective date, if other than the date of filing: _____ (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 05-06 2022.

Signature of a member or authorized representative of a member

WILLY CLERISIER

Typed or printed name of signee

Filing Fee: $25.00