

L22 000 282 297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

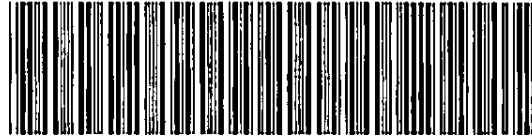
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GF MEDICAL CENTER LLC

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:

PABLO A CORDOVES

Name of Person

GF MEDICAL CENTER LLC

Firm/Company

1782 WEST FLAGLER STREET (REAR)

Address

MIAMI, FL. 33135

City/State and Zip Code

YUDAISSY@AOL.COM

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

For further information concerning this matter, please call:

PABLO A CORDOVES

Name of Person

at (305) 519-0575

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

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2022 OCT 18 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GF MEDICAL CENTER 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 06/21/2022 and assigned
Florida document number L22000282297.

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 "L.L.C."

Enter new principal offices address, if applicable:

1782 WEST FLAGLER STREET (REAR)

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL. 33135

Enter new mailing address, if applicable:

1782 WEST FLAGLER STREET (REAR)

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL. 33135

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:

1782 WEST FLAGLER STREET (REAR)

Enter Florida street address

MIAMI

City

Florida 33135

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	PABLO A CORDOVES	1782 WEST FLAGLER STREET (REAR)	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33135	<input type="checkbox"/> Remove
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SECRETARY OF STATE
 TALLAHASSEE, FL
 2022 OCT 18 PM 12:02
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D: If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I NEED TO CHANGE ALL ADDRESS TO 1782 WEST FLAGLER STREET (REAR)

MIAMI, FL. 33135

I NEED TO ADD EIN # 88-2900101

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2022 OCT 18 PM 2:01
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TALLAHASSEE, FL

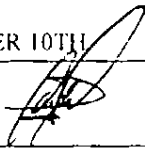
E. Effective date, if other than the date of filing: _____ (optional)

(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 OCTOBER 10TH, 2022



Signature of a member or authorized representative of a member

PABLO A CORDOVES

Typed or printed name of signee