

(((H220003471713)))



H220003471713ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	To: Division of Corporation Fax Number : (850)	ons 1617-6383			
	From;				
	Account Number : I20000 Phone : (305)5	RUS CORPORATE FILING SERVICE, INC. 180000019 1552-5973 1675-5944			
= % = = = = = = = = = = = = = = = = = =	**Enter the email address for this business entity to be used for future				
-	Email Address:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
\supset		5.			
<u> </u>		ATE/CORRECT OR M/MG RESIGN			
<u> </u>		ATE/CORRECT OR M/MG RESIGN			
<u> </u>	LA SAI	ATE/CORRECT OR M/MG RESIGN			
. :	LA SAL	ATE/CORRECT OR M/MG RESIGN LUD INSURANCE, LLC.			

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

. . .

•			
Articles of Amendment to LLC Articles of Organi	zatic	m o	ç
LA SALUD INSURANCE, LLC.	catio	יט זגי	1
The Articles of Organization for this Limited Liability Company were f	iled on	t	
and assigned Florida document numb	er		
This amendment is submitted to amend the following:			
Remove Leydis De LA Pena	<u> </u>		 -
Add Odalys Padron			
(AMBR-R.A)			
Change all address			
13701 SW 88 ST suite 305			
M19mi FL 33/86			
M14m 1 C 23/06	· 		
	- ···		
the state of the s	,		
		2 22	
These articles of amendment were adopted on	. · 	000	-,-
10	·:	0	=
Dated	. .	P	
	10. 11.		
		ا: لــــــــــــــــــــــــــــــــــــ	
Signature of a member or authorized representative of a member	- ' '	•	
Leydis de la Pena.	_		
Typed or printed name of signee			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations	tions of	the	
position.			
Hón.			
Signature of New Registered Agent, if changing			