# LZZZO485134

	Requestor's Name)
(	Requestors Name)
(	Address)
	Address)
	City/State/Zip/Phone #)
(	
(	Business Entity Name)
(	Document Number)
Contified Contes	Certificates of Status
Certified Copies	
Special Instructions	to Filing Officer:
Name was a	approved
11/18/22	2
	Office Use Only





## **COVER LETTER**

TO: Registration Section Division of Corporations

IG MEDICAL SERVICES 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:

ISABEL GONZALEZ

Name of Person

IG MEDICAL SERVICES LLC

Firm/Company

11520 NW 82ND TERRACE

Address

DORAL,

City/State and Zip Code

FL 33178

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

For further information concerning this matter, please call:

VANADIS PEREZ	407	7477036
	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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)

2022 NOY 18 AM 12: 30

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taltahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### **IG MEDICAL SERVICES 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 11/11/2022	and assigned
Florida document number 1.22000485134	

This amendment is submitted to amend the following:

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

gonza medical assitance LLC

New

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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	treet address
	City	, Florida Zip Code
Registered Agent's Signature, if changing Registe	red Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a 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 Agen

3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🖸 Add
			Remove
			Change
			Add
			Remove
			Change
<u> </u>			🖸 Add
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			Change
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			Remove
			Change
		<u> </u>	Remove Remove
		·····	Change

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

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NOVEMBER 11, 2022

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 NOVEMBER 18		
Signa	ture of a member or authorized representative of a member	2022 NO
ISABEL GONZALEZ	_	81 AQ
	Typed or printed name of signee	
	Page 3 of 3	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00