L22 000527393

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(Ac	ddress)	
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COVER LETTER

TO: Registration S Division of Co			. •
A & M M	EDICAL SERVICES LLC		
SUBJECŢ;	Name of Lim	ited Liability Company	·
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	•	
	ANABELYS CUE		
		Name of Person	
	A & M MEDICAL SERV	CES LLC	
	***************************************	Firm/Company	
	20812 SW 83 AVE		
		Address	· ·
	CUTLER BAY, FL 33189		,
		City/State and Zip Code	
	ANABELYSCUE21@GM/		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ufication)
ANABELYS CUE		786 3250023	
Name	of Person	Area Code Daytir	ne 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 Addre Registration		<u>Street Address:</u> Registration Sc	ection
Division of C	Corporations	Division of Co	erporations
P.O. Box 63 Tallahassee.		The Centre of	Tallahassee oe Street, Suite 810
rananassee.	しし、スといしか	∠+13 IN. IVIONR	DE SHEEL, SHILL OLD

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & M MEDICAL SERVICES LLC			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L22000527393}{L22000527393}$.	ry were filed on 12/16/2022 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	20812 SW 83 AVE CUTLER BAY FL 33189 🔀		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
	:		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: ANABELYS			
name of New Registered Agent:			
New Registered Office Address: 20812 SW 83	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.

CUTLER BAY

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>	Address	Type of Action
AMBR	ANABELYS CUE	20812 SW 83 AVE CUTLER BAY FL 33189	
			□Remove
		 	□Change
MGR	ARMANDO GONZALEZ MENA	20812 SW 83 AVE CUTLER BAY FL 33189	□Add
			■Remove
			□ Change
			□Add
			□Remove
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ctive date, if other the effective date is listed, the eg: If the date inserted inment's effective date of	date must be specific in this block does no	and cannot be prior of meet the applic	able statutory filing		ling.) Pursuant to 605.02
ord specifies a delayed filed.	effective date, but	not an effective ti	me, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after th
12/28/2022 ed		_·	,		
		1 '			