

L23000035260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

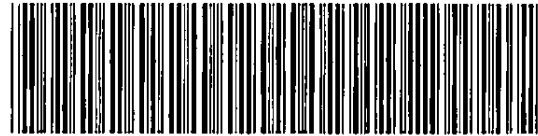
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700406455287

2023 APR 20 PM 1:31

RECEIVED
2023 APR 20 PM 4:00
SECONDARY OF STATE
TALLAHASSEE, FLORIDA

A. BUTLER
APR 21 2023

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160 **\$25.00**

Authorization Signature: *Jan Felt*

Health Discover Medical Center LLC L23000035260
Business Name Doc. #

☐ **Certified Copy of**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Officer/Director
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

AMENDMENTS

☒ **Amendment**
☐ Resignation of R.A.
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ **Conversion**
☐ **Amended and restated Articles**
☐ **Statement of Authority**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

HEALTH DISCOVERY MEDICAL CENTER 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:

CRISTIAN NECHUTA

Name of Person

TAXFIVE LLC

Firm/Company

4319 DOGWOOD CIR

Address

WESTON, FL 33331

City/State and Zip Code

INFO@TAXFIVE.COM

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

For further information concerning this matter, please call:

CRISTIAN NECHUTA

800 944-7117

Name of Person at (_____) _____
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**

HEALTH DISCOVERY MEDICAL CENTER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 APR 20 PM 1:31

The Articles of Organization for this Limited Liability Company were filed on 01/25/2023 and assigned
Florida document number L23000035260.

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:

(Principal office address MUST BE A STREET ADDRESS)

3350 SW 148TH AVE STE 111

MIRAMAR, FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3350 SW 148TH AVE STE 111

MIRAMAR, FL 33027

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:

Enter Florida street address

Florida

City

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>
AMBR	SIRO ASSOCIATES LLC	30 N GOULD ST STE 2299	<input type="checkbox"/> Add
		SHERIDAN, WY 82801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SILVA ROA, JUAN P	3350 SW 148TH AVE STE 111	<input type="checkbox"/> Add
		MIRAMAR, FL 33027	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FEIN/EIN NUMBER: 92-1989357

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)

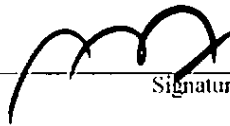
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

APRIL 20TH

2023

Dated _____



Signature of a member or authorized representative of a member

CRISTIAN NECHUTA - AUTHORIZED REPRESENTATIVE

Typed or printed name of signee