# Florida Department of State 2 7 Privision of Corporations Electronic Filing Cover Sheet

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(((H23000426838 3)))



H230004268383ABC3

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : SMALL BUSINESS CENTER LLC

Account Number: I20200000188

: (305)302-7500 Fax Number : (305)207-0950

nterate email address for this business entity to be used for future and an address please.\*\*

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### **QUALITY HEALTHY LIFE MEDICAL CENTERS** LLC

Certificate of Status	0
Certified Copy	0

Page Count	 01
Estimated Charge	\$25.00

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#### **COVER LETTER**

Registration Section
Division of Corporations TO:

Tallahassee, FL 32314

P.O. Box 6327

H23000426838 3

	OUALITY	HEALTHY LIFE MEDICAL	CENTERS LLC				
SUBJECT:							
The enclosed	d Anicles of	Amendment and fec(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		MIRIAM S. BEOTO					
			Name of Perso	n			
		SMALL BUSINESS CEN	TER LLC				
		<del></del>	Firm/Company	,	··		
		4441 SW 134TH CT					
			Address				
		MIAMI, FL 33175					
			City/State and Zip (	Code	<del></del>		
		rauldelgado@qualitybilling					
		E-mail address: (	to be used for future at	nnual report notific	ution)		
For further is	nformation c	oncerning this matter, please c	all:				
MIRIAM S	. ВЕОТО		305	302-7500			
	Name o	f Person	Area Code	Daytime 7	'clephone Number		
Enclosed is a	a check for th	ne following amount:					
□ \$25,00 E	filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	oỳ.	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Addres			et Address:			
	gistration S	Section orporations		gistration Sect vision of Corpe			
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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H23000426838 3

Florida document number L23000167127  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  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)  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, enter the name of the new registered.	The Articles of Organization for this Limited Liability Company were filed on 04/04/2023 and Florida document number 1.23000167127  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A	
Florida document number L23000167127  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  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, enter the name of the new register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	Florida document number 1.23000167127  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation.	
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New Registered Office Address:  Enter Florida street address , Florida	B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:	new register
Enter Florida street address, Florida	Name of New Registered Agent:	
	New Registered Office Address:	
	Enter Florida street address	
City Zip Code		
	City Zip Co	ode

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 H23000426838 3

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	AXELL FRANCISCO PALMA	10500 SW 108 AVE, APT B316	□Add
		MIAMI, FL 33176	■Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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Effective date, if other than the date of filing:	N/A		·		**		
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Signature of a member or authorized representative of a member	Dated		2023				
Signature of a member or authorized representative of a member		· / -	$\supset \sqrt{1}$	∕3 <sup>3</sup> .			
Signature of a member of authorized representative of a member	Tall	en S	מאשייתות מצייבו אינה	(c)			-
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Filing Fee: \$25.00