

L230000167127

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SMALL BUSINESS CENTER LLC
Account Number : I20200000188
Phone : (305)302-7500
Fax Number : (305)207-0950

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email 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

RECEIVED

2023 DEC 14 AM 7:26

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 DEC 14 PM 11:02

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COVER LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: QUALITY HEALTHY LIFE MEDICAL CENTERS LLC

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:

MIRIAM S. BEOTO

Name of Person

SMALL BUSINESS CENTER LLC

Firm/Company

4441 SW 134TH CT

Address

MIAMI, FL 33175

City/State and Zip Code

rauldelgado@qualitybillinggroup.com

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

For further information concerning this matter, please call:

MIRIAM S. BEOTO

305 302-7500

at ()

Name of Person

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

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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	AXELL FRANCISCO PALMA	10500 SW 108 AVE, APT B316	<input type="checkbox"/> Add
		MIAMI, FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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 DECEMBER 14 2023

Fatalis De Landa

Signature of a member or authorized representative of a member

NATALIO R. DELGADO

Typed or printed name of signee

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Filing Fee: \$25.00