Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000423662 3)))



H230004236623ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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 BLUE CLINICAL CENTER, LLC.

PECTENTO STATE IN LE 1/2 DEPARTIENT OF STATE INLEARASSEE, FLORIGOS

Estimated Charge	\$25.00
Page Count	02
Certified Copy	0
Certificate of Status	0

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to LLC Articles of Organize Blue Minical Center, L	ation of
The Articles of Organization for this Limited Liability Company were file 7-14-23 and assigned Florida document number	1
This amendment is submitted to amend the following:	
change all address >	
	:~?
CHANGE TO: 8370 WEST FLAGLER STREET #232. MIAMI FL 33144	
	7
	<u>,</u>
These articles of amendment were adopted on 12/12/23	-, '
Dated 12/12/2023	
Signature of a member of a thorized representative of a member	
ALEXANDRA CODECIDO Typed or printed name of signee	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligation position.	s of the
Signature of New Registered Agent, if changing	