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(Re	questor's Name)	
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PICK-UP		MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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THE REPAIR

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

CLINICA DE LAS RELACIONES VINCULARES, 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:

JUAN GASTELUMENDI

Name of Person

CLINICA DE LAS RELACIONES VINCULARES, LLC

Firm/Company

13801 SW 75TH AVE

'n

Address

PALMETTO BAY, FL 33158

City/State and Zip Code

LIC.ANARITAFRANCO@GMAIL.COM

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

For further information concerning this matter, please call:

JUAN GASTELUMENDI

Name of Person

Area Code Daytime Telephone Number

348-7977

Enclosed is a check for the following amount:

≣ \$25.00	Filing	Fee
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□ \$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)

PH

<u>Mailing Address:</u> 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

CLINICA DE LAS RELACIONES VINCULARES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on $\frac{10/23/2023}{2023}$ and assigned Florida document number $\frac{L23000483758}{2000483758}$.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:	13801 SW 75TH AVE	
(Mailing address MAY BE A POST OFFICE BOX)	PALMETTO BAY, FL 33158	
		ω
	······································	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the New registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	····
	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

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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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANA R. FRANCO	13801 SW 75TH AVE	Add
		PALMETTO BAY, FL 33158	🗆 Remove
			[] Change
			🗆 Add
			🗆 Remove
			🗆 Add
			C Remove
			🖸 Add
			🗆 Add
			🗆 Remove
			□Change

*	•	,

Page 2 of 3

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

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2023 NOV 13 PH 2: 09 SEC: SSEE STATE TALLY SSEE F
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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.

NOVEMBER 8TH	2023		
TZ)			
Sig	nature of a member or authorize	ed representative of a member	
JUAN GASTELUMENDI			
	Typed or printed na	ame of signee	

Filing Fee: \$25.00