

7/25/24, 2:51 PM

Division of Corporations

L241000109677

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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From:

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2nd Request

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 HOLGUIN MEDICAL GROUP, LLC

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K. SALLY

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2024 JUL 25 PM 4:42

DIVISION OF CORPORATIONS

2024 JUL 25 AM 3:46
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2024 JUL 25 AM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HOLGUIN MEDICAL GROUP, 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 03/04/2024 and assigned Florida document number 124000109677

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:

1000 N HIATUS RD SUITE 206

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FL 33026

Enter new mailing address, if applicable:

1000 N HIATUS RD SUITE 206

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FL 33026

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:

JIMENEZ RODRIGUEZ, MARIA

New Registered Office Address:

4532 SW 113TH AVE APT 114

Enter Florida street address

MIRAMAR


Florida 33025

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>
MGR	JIMENEZ RODRIGUEZ, MARIA	4532 SW 113TH AVE APT 114	<input type="checkbox"/> Add
		MIRAMAR, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (optional)
 Of an effective date in the date of filing.

(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 July 24 2024

Signature of a member or authorized representative of a member

JIMENEZ RODRIGUEZ, MARIA

Type and printed name of signer