

L240000251736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

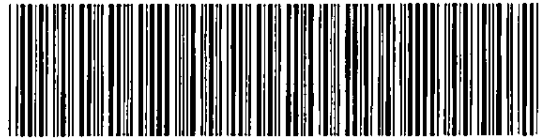
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2024 JUL 10 PM 5:39
ADAMS, J. H.

JUL 25

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2024

HEALTH MED CLINICAL SERVICES LLC
7275 W 15 AVENUE
HIALEAH, FL 33014

SUBJECT: HEALTH MED CLINICAL SERVICES LLC
Ref. Number: L24000251736

We have received your document for HEALTH MED CLINICAL SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 024A00016229

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH MED CLINICAL SERVICES 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:

CASILDA MUNIZ RODRIGUEZ

Name of Person

HEALTH MED CLINICAL SERVICES LLC

Firm/Company

99 NW 183 RD STREET SUITE 227 C

Address

MIAMI FL 33169

City/State and Zip Code

healthmedservice@gmail.com

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

For further information concerning this matter, please call:

CASILDA MUNIZ RODRIGUEZ

305 810-7054
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

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

Health Med Clinical Services LLC

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

2024 JUL 10 PM 5
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/03/2024 and assigned
Florida document number L24000251736.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

99 NW 183 RD STREET

SUITE 227 C

MIAMI GARDENS FL 33169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

99 NW 183 RD STREET

SUITE 227 C

MIAMI GARDENS FL 33169

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:

New Registered Office Address:

Enter Florida street address

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

PLEASE ADD EIN NUMBER 99-3330040

E. **Effective date, if other than the date of filing:** 06/27/2024 (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 06/27/2024

Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

Casilda Muniz Rodriguez

Typed or printed name of signee

2024 JUN 10 PM 5:33
ALLIANT

Filing Fee: \$25.00