

U300013750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

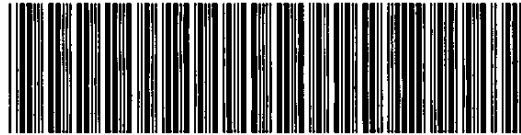
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000279960240

12/31/15--01006--015 **30.00

FILED
15 DEC 31 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

2/1/16

JAN 04 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SERGIO GARCIA, M.D., L.L.C.

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:

SERGIO GARCIA, M.D.

Name of Person

SERGIO GARCIA, M.D., L.L.C.

Firm/Company

8200 SW 117TH AVENUE, SUITE 316

Address

MIAMI, FL 33183-4826

City/State and Zip Code

nora.vazquez@primehealthphysicians.com

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

FILED
15 DEC 31 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NORA VAZQUEZ

305 549-8937

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SERGIO GARCIA, M.D., L.L.C.

The Articles of Organization for this Limited Liability Company were filed on 08/12/2013 and assigned Florida document number L13000113750

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8200 SW 117TH AVE

SUITE 316

MIAMI, FL 33183-4826

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8200 SW 117TH AVE

SUITE 316

MIAMI, FL 33183-4826

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:

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
15 DEC 31 PM 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC 31 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 DEC 31 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, 2015

Signature of a member or authorized representative of the organization

Signature of a member or authorized representative of a member

SERGIO GARCIA, MD

Typed or printed name of signee