

W06000027486

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(Business Entity Name)

W06-27486

(Document Number)

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06/11/2017 11:23 AM

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M. HODGES

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PREVENTIVE NATURAL MEDICINE CENTER 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:

Change to: ANNA VOLPE DIMAIO  
(Name of Person)  
NEW NAME: ALTERNATIVE MEDICINE MEDICAL CENTER LLC.  
(Firm/Company)

1230 NE 83 ST  
(Address)

MIAMI FL 33138  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANNA VOLPE DIMAIO at 305, 469-1464  
(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

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

PREVENTIVE NATURAL MEDICINE CENTER LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 3/1/06 and assigned document number LO6000027486.

**SECOND:** This amendment is submitted to amend the following:

ANNA VOPE DI MAIO TITLE SHOULD BE ~~BE~~ MGRM

THE COMPANY NAME SHOULD BE CHANGE TO:  
ALTERNATIVE MEDICINE MEDICAL CENTER LLC

Dated MARCH 16, 2006.

Anna Voipe Di Maio

Signature of a member or authorized representative of a member

ANNA VOPE DI MAIO

Typed or printed name of signee

**Filing Fee: \$25.00**