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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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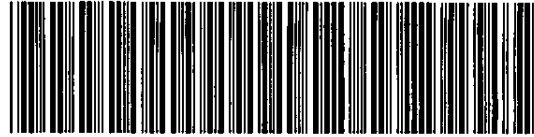
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2014

ANNA DIMAIO
PO BOX 614152
N MIAMI, FL 33261-4152

SUBJECT: ALTERNATIVE MEDICINE MEDICAL CENTER LLC
Ref. Number: L06000027486

We have received your document for ALTERNATIVE MEDICINE MEDICAL CENTER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00013335

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACD MAIO INVESTMENTS 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:

ANNA DIMAIO
Name of Person
ACD MAIO INVESTMENTS LLC
Firm/Company
P.O. BOX 614152
Address
NORTH MIAMI, FL 33261-4152
City/State and Zip Code
acdimaio@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNA DIMAIO at (305) 440-9398
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**

ALTERNATIVE MEDICINE MEDICAL CENTER 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 07/30/2014 and assigned Florida document number LO6 000027486.

This amendment is submitted to amend the following:

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

ACD MAIO INVESTMENTS LLC

The new name must be distinguishable and end with 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)

1015 NE 112st #N
Biscayne Park, FL 33161

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1015 NE 112st #N
BISCAYNE PARK FL 33161

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:

ANNA DI MAIO

New Registered Office Address:

1015 NE 112st #N

Enter Florida street address

BISCAYNE PARK

City

Florida

33161

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.

Anna Di Maio

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>MGR</u>	<u>ANNA DIMAIO</u>	<u>1015 NE 112ST #N</u> <u>BISCAYNE PARK, FL 33161</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AMBR</u>	<u>CHRISTOPHER</u> <u>STANISKI</u>	<u>1015 NE 112ST #N</u> <u>BISCAYNE PARK, FL 33161</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AMBR</u>	<u>JOHN DIMAIO</u>	<u>1015 NE 112ST #N</u> <u>BISCAYNE PARK, FL</u> <u>33161</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AMBR</u>	<u>JAMES DI MAIO</u>	<u>1015 NE 112ST #N</u> <u>BISCAYNE PARK, FL</u> <u>33161</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AMBR</u>	<u>AMANDA</u> <u>JACRETT</u>	<u>1015 NE 112ST #N</u> <u>BISCAYNE PARK, FL</u> <u>33161</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 30, 2014.

Anna Di Maio

Signature of a member or authorized representative of a member

ANNA DI MAIO

Typed or printed name of signee

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