

121 000384 211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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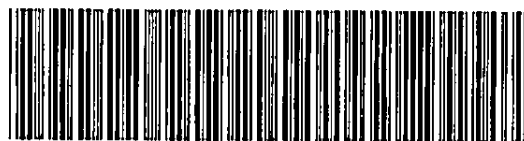
(Business Entity Name)

(Document Number)

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2 PRUCE
OCT 01 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Above All medical Clinic, 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:

Traci Banta

Name of Person

Above All medical Clinic

Firm/Company

255 SE 17th St.

Address

Dealea, FL 34471

City/State and Zip Code

tbanta98@gmail.com

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

For further information concerning this matter, please call:

Traci Banta

Name of Person

at (352)

Area Code

857-4878

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

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

Above All medical Clinic, 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 8/27/2021 and assigned Florida document number L2100038421.

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)

255 SE 17th St.
Ocala, FL 34471

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

255 SE 17th St.
Ocala, FL 34471

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 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	Traci Banta	2152 NE 120th Pl.	☒ Add
		Anthony, Fl. 32617	☐ Remove
			☐ Change
MGR	Brother Griffin	3100 SE 50th, Pl.	☒ Add
		Ocala, Fl. 34480	☐ Remove
			☐ Change
MGR	Danielle Cook	6304 SE 10th Lane	☒ Add
		Ocala, Fl. 34412	☐ Remove
			☐ Change
MGR	Chelsey Christensen	1027 SE 50th Ter.	☒ Add
		Ocala, Fl. 34471	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove

SECTION 1021
-1-
FILED
JUL 13 2011
CLERK OF COURT
FLORIDA

2021 OCT -11 PM 3:37
FIM 127
TAL 100

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CLERK OF DISTRICT COURT
TALAMON

(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

Dated 9/28, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee