

L05000071d053

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

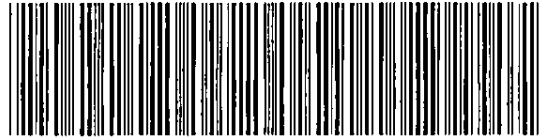
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2024 SEP 19 AM 9:36

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2024 SEP 19 AM 10:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

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3458 Lakesore Drive
Tallahassee, FL 32312

Date: 09/19/2024

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Name:	Alamarcon Holdings, LLC
Document #:	
Order #:	15878745

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
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Amount: \$ **25.00**

Thank you!

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

ALAMARCON HOLDINGS, LLC

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

FILED
2024 SEP 19 AM 9:36
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/04/2005 and assigned
Florida document number L05000076653.

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)

2452 Mahan Drive, Ste 102

Tallahassee, FL 32308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2452 Mahan Drive, Ste 102

Tallahassee, FL 32308

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

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	HARPER, LARRY L. M.D.	2452 MAHAN DRIVE SUITE 102	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paredes, Alfredo A. Jr., MD	2452 MAHAN DRIVE SUITE 102	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	William Hedden, M.D.	2 Ravinia Dr NE, Suite 970	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30346	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP, Treasurer	Neil Harber	2 Ravinia Dr NE, Suite 970	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30346	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP, Secretary	Anthony Milonas	2 Ravinia Dr NE, Suite 970	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30346	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

Effective date, if other than the date of filing: _____ (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 September 18 2024

-DocuSigned by:

Anthony Milonas

~~E1B4E0CEFF264EB~~

Signature of a member or authorized representative of a member

Anthony Milonas

Typed or printed name of signee

Filing Fee: \$25.00