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TALLAHASSEE, FLORIDA

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LO6-53789  
AR

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACOMED HEALTHCARE 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:

SAMSON DENIS

(Name of Person)

ACOMED HEATHCARE CENTER, LLC

(Firm/Company)

3196 NW 88TH AVENUE UNIT 610

(Address)

SUNRISE, FLORIDA 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

SAMSON DENIS

(Name of Person)

at ( 954 ) 554-0998

(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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ACOMED HEALTHCARE CENTER, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on MAY 24, 2006 and assigned  
document number L06000053789.

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

SAMSON DENIS IS THE REGISTERED AGENT OF ACOMED HEALTHCARE CENTER, LLC, PLEASE ADD HIM AS A MANAGER ALSO.

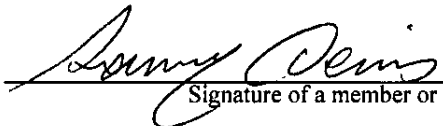
NAME: SAMSON DENIS

ADDRESS: 3196 N.W. 88TH AVENUE UNIT 610

SUNRISE, FLORIDA 33351

THANK YOU VERY MUCH FOR YOUR IMMEDIATE CORPORATION.

Dated MAY 26TH, 2006



Signature of a member or authorized representative of a member

SAMSON DENIS

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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