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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MEJER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTIC HOME HEALTH AGENCY OF SOUTH FLORIDA, 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:

WIL MARTINEZ
Name of Person

ATLANTIC HOME HEALTH AGENCY OF SOUTH FLORIDA, LLC
Firm/Company

1900 N.W. CORPORATE BLVD. # 100 - W
Address

BOCA RATON, FL 33431
City/State and Zip Code

wm@atlanticmed.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Wil Martinez at (561) 447-6602
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ATLANTIC HOME HEALTH AGENCY of SOUTH FLORIDA

(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

7/30/2008

Florida document number LO8000073164

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ALVARO MEJER

New Registered Office Address:

2222 Ponce de Leon Blvd. PH

Enter Florida street address

Coral Gables

Florida

33134

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

Page 2 of 3

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

Dated 11/29, 2012.

W. E. Martinez

Signature of a member or authorized representative of a member

W. E. MARTINEZ

Typed or printed name of signee

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Filing Fee: \$25.00