

L10000023607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

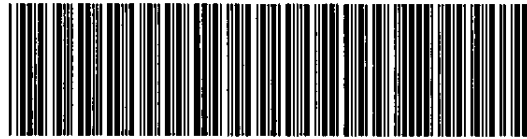
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

N Culligan OCT 2 - 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AHC Medical Centers, 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:

Xavier Marcos

Name of Person

AHC Medical Centers, LLC

Firm/Company

2801 NW 87th Avenue

Address

Doral, FL 33172

City/State and Zip Code

xmarcos@ahcmedical.com

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

For further information concerning this matter, please call:

Xavier Marcos

Name of Person

at (305)

592-1242

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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TALLAHASSEE, FLORIDA

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JXS Holding, LLC	727 CRANDON BLVD APT 302 KEY BISCAYNE FL 33149	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	AHC Holdings, LLC	690 HAMPTON LANE KEY BISCAYNE FL 33149 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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.)*

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Dated 09/07

Signature of a member or authorized representative of a member

Xavier Marcos

Typed or printed name of signee