# L10000/24212

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SECRETARY OF STATE

.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2011

STEVEN C KLEIN 11776 W SAMPLE RD #105 CORAL SPRINGS, FL 33065

SUBJECT: ATLANTIC HEALTH MANAGEMENT, LLC

Ref. Number: L10000124212

We have received your document for ATLANTIC HEALTH MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is L05000058204.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 411A00027888

www.sunbiz.org

TO: Registration : Division of Co	Section orporations		
SUBJECT:	ATLANTIC HEAL	TH MANAGEMENT, LL	С
	Name of Lir	nited Liability Company	
	of Amendment and fee(s) are so	ū	
		STEVEN C KLEIN	
		Name of Person	······································
STEVEN C KLEIN CPA PA			
		Firm/Company	
	117	76 W SAMPLE RD # 105	<u> </u>
Address		2012 JAN SECRETA SALLAHA	
	COI	RAL SPRINGS, FL 33065	1 ASS
		City/State and Zip Code	[1]
	E-mail address:	gita@skleincpa.com (to be used for future annual report notific	ation)
For further information	concerning this matter, please	1 Sec. 2 V	ation)
St	even C Klein		345-3696
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:	1.	
∑ \$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)
		· 计概则	The ADDRESS

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 HEALTH MANAGEMENT, 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 \_\_\_\_\_\_\_ 12-2-2010 and assigned L10000124212 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ATLANTIC HEALTH HOOLDINGS, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6218 LINTON BLVD Enter new principal offices address, if applicable: SUITE 105 (Principal office address MUST BE A STREET ADDRESS) DELRAY BEACH, FL 33484 6218 LINTON BLVD Enter new mailing address, if applicable: **SUITE 105** (Mailing address MAY BE A POST OFFICE BOX) DELRAY BEACH, FL 33484 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

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, 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 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>	Name	Address	Type of Action
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D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessar	v.)
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Dated	12/8	2011	
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	Signature of a m	nember of authorized representative of a member	······································
		JEFFREY BERK Typed or printed name of signee	
		t Abec or human name or sillace	

Page 2 of 2

Filing Fee: \$25.00