L11 00000 04475

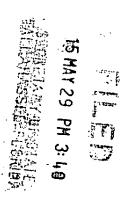
(F	Requestor's Name)	
(/	Address)	<u></u>
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(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(i	Business Entity Name)	
(I)	Document Number)	
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JUN 02 2015 J SHIVERS



May 19, 2015

JOSE CASTANEDA 9869 PINES BLVD PEMBROKE PINES, FL 33024

SUBJECT: ALLIANCE MEDICAL CARE GROUP, LLC

Ref. Number: L11000004475

We have received your document for ALLIANCE MEDICAL CARE GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00010512

COVER LETTER

TO: Registration Se Division of Cor	ction . porations	THE RESERVE	₹.
	E MEDICAL CARE GROUP,L	LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	JOSE J. CASTANEDA,MS	S.PA	
		Name of Person	
	ALLIANCE MEDICAL CA	ARE GROUP	
		Firm/Company	
	9869 PINES BLVD		
		Address	
	PEMBROKE PINES, FLO	PRIDA 33024	
		City/State and Zip Code	
	alliancemedcare@att.net	to be used for future annual report not	ification
For further information c	oncerning this matter, please ca	•	meanor,
JOSE J. CASTANEDA,	MS,PA	954 450-7998	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne 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)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLIANCE MEDICAL CARE G	•			
(Name of the Lim	ted Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	·	
The Articles of Organization for this Limited L Florida document number <u>L11000004475</u>	iability Company	were filed on <u>01-11-2011</u>	and ass	igned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L	L.C."
Enter new principal offices address, if applie		N/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A		
B. If amending the registered agent and registered agent and/or the new registered of			MY2	Chicago and
Name of New Registered Agent:	JOSE J. CAST.	ANEDA,MS,PA	933 O	Preser
New Registered Office Address:	N/A			# 1-1
		Enter Florida street address	20-	-1.19
		, Florid	la 🏂	
		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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
	N/A		
			□ Remove
			Change
•			
			□ Remove
			Change
			
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change

_	N/A , , ,
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•	14 - Mary II.
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	05-05-2015
ffect	ive date, if other than the date of filing: (optional) [cetive 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocun	nent's effective date on the Department of State's records.
o ro	cord specifies a delayed effective date, but not an effective time, at 12:01 a.mon the Earlier of
The	e 90th day after the record is filed.
	May 27 , 2015.
Dated	, 401
Dated	
Dated	$\frac{\partial}{\partial x} = \frac{\partial}{\partial x} = \frac{\partial}$
Dated	

Page 3 of 3

Filing Fee: \$25.00