

L110000014441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

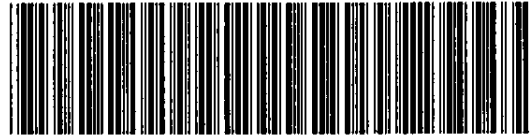
Special Instructions to Filing Officer:

A

B. KOHR

APR 11 2012

EXAMINER



800227485058

04/09/12--01019--001 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -9 AM 8:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Med Healthcare, 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:

Kirsten Eylerts

Name of Person

Atlantic Med Healthcare, LLC

Firm/Company

2151 S. Le Jeune Road, Suite 202

Address

Coral Gables, FL 33134

City/State and Zip Code

kirsten@matusalem.com

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

For further information concerning this matter, please call:

Kirsten Eylerts

Name of Person

at (305)

448-8255

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

FILED - STATE
SECRETARY OF CORPORATION
12 APR - 9 AM 8:29

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

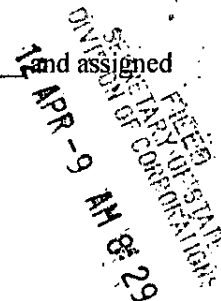
Atlantic Med Healthcare, LLC

(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 02/03/2012

Florida document number L11000014441



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)

1205 SW 37 Avenue

Suite 200

Miami, FL 33135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1205 SW 37 Avenue

Suite 200

Miami, FL 33135

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:

Kirsten Eylerts

New Registered Office Address:

1205 S.W. 37 Avenue, Suite 300

Enter Florida street address

Miami

City

Florida

33135

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, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Atlantic Med Enterprises, LLC	15476 NW 77 COURT # 292 MIAMI LAKES FL 33016	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated April 5, 2012

Signature of a member or authorized representative of a member

Nicolas R. Alvarez

Typed or printed name of signee