

L11000103747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 24 2015

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Adult & Geriatric Center 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:

Mallarie R Espinoza, CPA

Name of Person

ME & Associates, Inc.

Firm/Company

300 S Pine Island Road, Ste 250

Address

Plantation, FL 33324

City/State and Zip Code

mespinoza@me-cpa.com

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

For further information concerning this matter, please call:

Mallarie R Espinoza, CPA

Name of Person

954

at ()

Area Code

557-3379

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

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

Adult & Geriatric Center of South Florida, 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 09/12/2011 and assigned
Florida document number L11000103747.

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 contain 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)

8251 W Broward Blvd Ste 103

Plantation, FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8251 W Broward Blvd Ste 103

Plantation, FL 33324

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:

Mallarie R Espinoza, CPA

New Registered Office Address:

300 S Pine Island Road, Ste 250

Enter Florida street address

Plantation

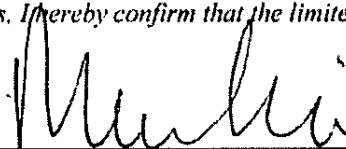
City

, Florida 33324

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.



If 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Mario Galdames	7400 NW 111th Way	<input type="checkbox"/> Add
		Parkland, FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Michelle Galdames	7400 NW 111th Way	<input type="checkbox"/> Add
		Parkland, FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sierra Alpha Medical, PA	11134 NW 72nd Place	<input checked="" type="checkbox"/> Add
		Parkland, Florida 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alhoms, PA	1733 SW 103rd Lane	<input checked="" type="checkbox"/> Add
		Davie, Florida 33324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Trembita, PA	10050 Vintage Place	<input checked="" type="checkbox"/> Add
		Parkland, Florida 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	M & L of South Florida, LLC	7400 NW 111th Way	<input checked="" type="checkbox"/> Add
		Parkland, Florida 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 CLERK OF DISTRICT COURT
 MIAMI COUNTY FLORIDA

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

DEPARTMENT OF STATE
WASH. D.C. 20520
OFFICE OF THE SECRETARY
BUREAU OF CONSTRUCTION
WASHINGTON, D.C. 20520

CLERK OF SUPERIOR COURT
MILWAUKEE, WISCONSIN

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E. Effective date, if other than the date of filing: 10/1/2015 (optional)
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 11/18, 2015.

Signature of a member or authorized representative of a member

Abed Alhomsi MD

Typed or printed name of signee