

L170000 12584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

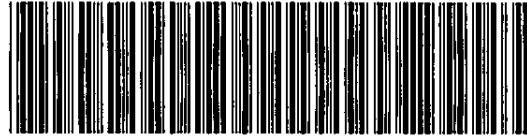
(Business Entity Name)

(Document Number)

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DEC 16 2013
DEC 16 2013
DEC 16 2013

J. Shivers DEC 17 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMAC HEALTH CENTER 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:

SILVANA CODO

Name of Person

AMAC HEALTH CENTER LLC

Firm/Company

6001 VINELAND RD STE 103

Address

ORLANDO FL 32819

City/State and Zip Code

INFO@ANKCORP.COM

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

For further information concerning this matter, please call:

SILVANA CODO

Name of Person

at (407) 701-2801

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

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

AMAC HEALTH CENTER 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 01/24/2013 and assigned
Florida document number L13000012584.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

SILVANA CODO

New Registered Office Address:

8162 VIA BELLA NOTTE

Enter Florida street address

ORLANDO

City

, Florida 32836

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.

[Signature]
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:

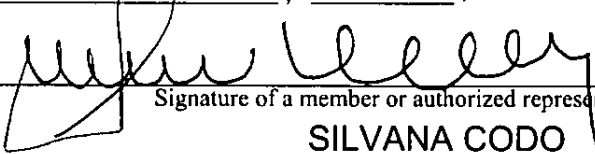
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MRGM	KATHARINE PORTELA	6718 SUNQUEST DR	☒ Add
		ORLANDO, FL 32835	☐ Remove
MRGM	MARVIN ARTHUR HEUER	4630 S KIRKMAN RD UNIT 368	☒ Add
		ORLANDO, FL 32811	☐ Remove
			☐ Add
			☐ Remove
			☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated DECEMBER, 12, 2013



Signature of a member or authorized representative of a member

SILVANA CODO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

DEC 16 PM 12:10
FEB 16 10:00 AM
FEB 16 10:00 AM