

L14000160336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

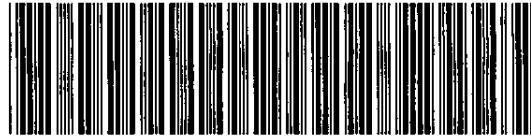
(Business Entity Name)

(Document Number)

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G. HARVEY  
DEC 08  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

Altmed Care Centers, LLC

SUBJECT: \_\_\_\_\_  
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:

Alina Decky Smith

\_\_\_\_\_  
Name of Person

Altmed Care Centers, LLC

\_\_\_\_\_  
Firm/Company

5976 20th Street #231

\_\_\_\_\_  
Address

Vero Beach, FL 32966-1019

\_\_\_\_\_  
City/State and Zip Code

Alinadsmith@att.net

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

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TALLAHASSEE, FL 09107

For further information concerning this matter, please call:

Alina Smith

772 633-8915

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

**TO  
ARTICLES OF ORGANIZATION  
OF**

Altmed Care Centers, 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 10/10/2014 and assigned  
Florida document number L14000160336.

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)**

5976 20th Street #231

Vero Beach, FL 32966-1019

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

9369 S Prairie View Drive

Highlands Ranch, CO 80126

**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:

5976 20th Street, #231

*Enter Florida street address*

Vero Beach

, Florida

32966

*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.*

**If Changing Registered Agent, Signature of New Registered Agent**

Authorized Member 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>
Ambr	Stephen Thomas Smith	9369 S Prairie View Drive	<input checked="" type="checkbox"/> Add
		Highlands Ranch, CO 80126	<input type="checkbox"/> Remove
Ambr	Alina Decky Smith	9369 S Prairie View Drive	<input checked="" type="checkbox"/> Add
		Highlands Ranch, CO 80126	<input type="checkbox"/> Remove
Mgr	Chelsea Rae Joyce	9369 S Prairie View Drive	<input checked="" type="checkbox"/> Add
		Highlands Ranch, CO 80126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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ALLIANCE STATE, FLORIDA  
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Article IV is a change of address only.

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

November 19

2014

Dated \_\_\_\_\_, \_\_\_\_\_.

*Arlina D. Smith*

Signature of a member or authorized representative of a member

*Arlina D. Smith*

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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