

DEC 29 2014  
J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Altmed Care Centers  
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 20<sup>th</sup> Street, # 231  
Address  
Vero Beach, FL 32966-1019  
City/State and Zip Code  
Alinadsmith @ aH.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alina Smith at (772) 633-8915  
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

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Aitmed Care Centers, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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 Dr.	<input type="checkbox"/> Add
		Highlands Ranch, CO 80126	<input checked="" type="checkbox"/> Remove
MGR	Stephen Thomas Smith	9369 S. Prairie View Dr.	<input checked="" type="checkbox"/> Add
		Highlands Ranch, CO. 80126	<input type="checkbox"/> Remove
AMBR	Alina Deedy Smith	9369 S. Prairie View Dr.	<input type="checkbox"/> Add
		Highlands Ranch, CO. 80126	<input checked="" type="checkbox"/> Remove
MGR	Alina Deedy Smith	9369 S. Prairie View Dr.	<input checked="" type="checkbox"/> Add
		Highlands Ranch, CO 80126	<input checked="" type="checkbox"/> Remove
MGR	Chelsea Rae Joyce	9369 S. Prairie View Dr.	<input type="checkbox"/> Add
		Highlands Ranch, CO 80126	<input checked="" type="checkbox"/> Remove
AMBR	Chelsea Rae Joyce	9369 S. Prairie View Dr.	<input checked="" type="checkbox"/> Add
		Highlands Ranch, CO. 80126	<input type="checkbox"/> Remove

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

\* .Changed. Titles only .

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)

Dated December 15 , 2014 .

Alina P. Smith

Signature of a member or authorized representative of a member

Alina P. Smith

Typed or printed name of signee

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Filing Fee: \$25.00

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