

03/25/2015

08:43 Driver, McAfee, Peek & Hawthorne

03/25/2015

001/005

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000074033 3)))



H15000074033ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DRIVER, MCAFEE, PEEK & HAWTHORNE, P.L.
Account Number : I20020000137
Phone : (904) 301-1269
Fax Number : (904) 301-1279

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jkolata@dmph(law).com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALIGNED INTEGRATIVE HEALTHCARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

15 MAR 25 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
INFORMATION SERVICES

15 MAR 26 2015

Electronic Filing Menu

Corporate Filing Menu

Help

H15000074033 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALIGNED INTEGRATIVE 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:

Amanda K. Brooks

Name of Person

Driver, McAfee, Peek & Hawthorne, P.L.

Firm/Company

One Independent Drive, Suite 1200

Address

Jacksonville, FL 32202

City/State and Zip Code

jkolata@dmphlaw.com

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

For further information concerning this matter, please call:

Amanda K. Brooks

at (904) 807-8217

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

H15000074033 3

H15000074033 3

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

ALIGNED INTEGRATIVE 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 02/24/2015 and assigned
Florida document number L15000034494.

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

H15000074033 3

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>
MGR	Steven Michael Rosman	136 North Orchard Street	<input checked="" type="checkbox"/> Add
		Suite 3	<input type="checkbox"/> Remove
		Ormond Beach, FL 32174	
MGR	James A. Valcarcel	136 North Orchard Street	<input checked="" type="checkbox"/> Add
		Suite 3	<input type="checkbox"/> Remove
		Ormond Beach, FL 32174	
			<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

FILED
15 MAR 25 PM 4:57
TALLAHASSEE FLORIDA
CLERK OF SUPERIOR COURT

Mar.25.2015 09:29 Victoria Gardens Apartmen 3867568319

PAGE. 2/ 2

H15000074033 3

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

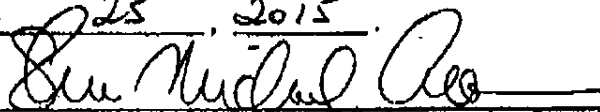
Employer Identification Number: 37-1778308

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

March 25, 2015



Signature of a member or authorized representative of a member

Steven Michael Rosman

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
15 MAR 25 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA