Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALLIANCE INTERVENTIONAL ASSOCIATES, LLC

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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	ALLIANCI	EINTERVENTIONAL ASSO	CIATES, LLC	
SCRIEC	- Li	Name of Limi	ted Liability Company	
The encl	osed Articles of /	Amendment and fee(s) are sub-	niued for filing.	
Please re	etum all correspoi	ndence concerning this matter	to the following:	
		TERESA CARRASCO		
		ac a rac de Alliannia (y gyppiau pang anamini akhali kalintay nyaman 🛫 403 m	Name of Person	ror na strau Villagoja, lago angun ulmahir ibakkir 1989 - Villago
		ALLIANCE INTERVENT	IONAL-FLORIDA, LLC	
			Firm/Company	<u> </u>
		PO BOX 6600		
			Address	
		NEWPORT BEACH, CA	92658	
			City/State and Zip Code	The state of the s
		TCARRASCO@ALLIANC	EIMAGING.COM to be used for future annual report notifical	tion)
For furth	er information co	ancerning this matter, please or		
TERES.	A CARRASCO		949 242-5406 at ()	
	Name of	Person	Area Coole Daytime Te	lephone Number
Enclosed	d is a check for th	e following amount:		
□ \$25.	(K) Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURTER Registration Section Division of Corporation Clifton Building	

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

827

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLIANCE INTERVENTIONAL ASSOCIATES, LI	C	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.) inbility Compony)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000171265</u>	were filed on 10/07/2015 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1671 N. CLYDE MORRIS BLVD., SUITE 100	
(Principal office address MUST BE A STREET ADDRESS)	DAYTONA BEACH, FL 32117	
V		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:	:	
New Registered Office Address:	Enter Florida street address	
	City Zip Cocte	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change. If Change	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability ging Registered Agent, Signature of New Registered Agent	
Page 1	ors The D	

MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
- 			Add
			□ Remove
			☐ Change
 			Add
			☐ Remove
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ctive date, if other than the date of f	filing:	(optional)
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