L15000172886

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

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COVER LETTER

TO:	Registration S Division of Co			,			
SUBJE		O TOE THERAPY, LLC					
БОВ ЗЕ		Name of Limited Liability Company					
		f Amendment and fee(s) are sub	-				
	•	LUIS R. CALDERON	J				
			Name of Person				
		BELAIR ACCOUNTING	SERVICES, INC.				
			Firm/Company				
		1627 E. VINE STREET, S	TE 110				
			Address	·			
		KISSIMMEE, FL 34744					
		adlush@aol.com	City/State and Zip Code	SECR PAULA	2015 OCT 19 A 11;	L.	
		E-mail address: (to be used for future annual report not	in F	CT 1		
For furt	her information	concerning this matter, please ca	all:	SELA SELA SELA SELA SELA SELA SELA SELA	م	F	
LUIS F	R. CALDERON		407 944-9262 at ()		≥ =	U	
	Name	of Person		ne Telephone Number			
Enclose	d 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)	Section \$60.00 Filing Certificate of Certified Contact (additional contact)	of Status		

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

(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our remited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com Florida document number L15000172886	pany were filed on 10/12/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
ADVANCED MEDICAL ASSOCIATES, LLC		
The new name must be distinguishable and contain 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 ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our red s here:	Cords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	address
	Cim	_, Florida
•	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

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

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Add ☐ Remove □ Change ∷ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

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record specifies a delayed of The 90th day after the recor			not an ef	fective t	ime, at	12:01 a.	m. on t	the earlier
OCTOBER 15		2015	·					
Juju Galdan		member or a			- C ·			

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Filing Fee: \$25.00