L1600119074

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COVER LETTER

ALAMO H SUBJECT:	EALTH GROUP LLC				
30B3EC1.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	INNA ERLIKH				
		Name of Person	<u></u>		
	CORONA TAX SERVICES INC				
		Address			
	HOLLYWOOD, FL 33019				
		City/State and Zip Code		1	
	E-mail address: (to be used for future annual report notifi	cation)	5 1 -1	
For further information c	oncerning this matter, please co	all:	. ,		
		at () Area Code Daytime	Telephone Number	· 	
Name o	f Person	Area Code Daytime	Telephone Number	1	
Enclosed is a check for the	ne 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 enclo		

MAILING ADDRESS:

TO;

Registration Section Division of Corporations

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

ALAMO HEALTH GROUP LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our record Liability Company)	<u>is.</u>)	-			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000119074}{L16000119074}$	were filed on 06/21/2016	and	assigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation	"L.L.C."			
Enter new principal offices address, if applicable:	3800 S OCEAN DR STE 216					
(Principal office address MUST BE A STREET ADDRESS)	DORESS) HOLLYWOOD, FL 33019					
Enter new mailing address, if applicable:	PO BOX 501741	<u>. </u>				
(Mailing address MAY BE A POST OFFICE BOX)	ATLANTA, GA 31150	= 1				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		s, enter the nan	ne of the			
	- '	· 				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street addres	<u> </u>				
New Registered Office Address:	Enter Florida street addres	ss lorida				

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

GR = M ABR = A	anager uthorized Member		
<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
jr 	REZNIK, ANNA	16699 COLLINS AVENUE, #1707	Add
		SUNNY ISLES BEACH, FL 33160	Remove
			Change
ABRM ———	REZNIK, MARK	4816 ASHFORD LANE	■ Add
		ATLANTA, GA 30338	Remove
			Change
			□ Add
			Remove
		· <u>·</u>	Change
			Add:
			Remove
			Change
			Add
			Remove

_ Change

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fective date, if other than the c	ate of filing:			(opt	ional)	`-	
n effective date is listed, the date must te: If the date inserted in this blo	be specific and can			an 90 days aft	er filing.)		
cument's effective date on the De	partment of State	's records.	,	· · · · · · · · · · · · · · · · · · ·			
record specifies a delayed	offoctivo dato	hut not an a	effective time	at 17:01	2 m (on the	oarlior
The 90th day after the reco		, but not an e	mective time	, at 12.01	a. (on the	earner
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