

L17000075885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

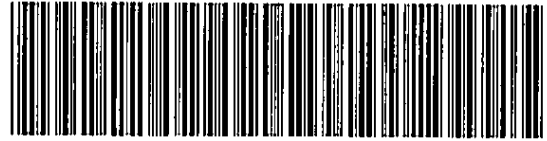
(Document Number)

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04/25/19--01023--021 \*\*43.75

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08/14/19--01021--001 \*\*11.25

FILED

2019 JUN 14 AM 11:50

C. GOLDEN

JUN 17 2019

**MANUEL ALONSO-POCH, P.A.**

ATTORNEYS AT LAW  
3520 ROCKERMAN ROAD  
COCONUT GROVE, FLORIDA 33133  
305-448-4053

**April 15<sup>th</sup>, 2019**

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

RE: Articles of Amendment to Articles of Organization  
Aegis Integrated Medical Management Services LLC, a Florida limited liability company.

Dear Sir or madam:

Enclosed are the Articles of Amendment to the Articles of Organization of Aegis Integrated Medical Management Services LLC, a Florida limited liability company and our check in the amount of \$43.75 representing the Filing Fee of \$35.00 and a Certified Copy fee of \$8.75.

Kindly file the Articles of Amendment and forward a Certified copy to our office in the enclosed Self Addressed stamped envelope.

If any questions arise regarding the above, please contact me at the telephone number listed above.

Sincerely,

MANUEL ALONSO-POCH, P.A.

Manuel Alonso-Poch, Esq.

MAP/ipp.  
Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2019

MANUEL ALONSO-POCH, ESQUIRE  
3520 ROCKERMAN ROAD  
COCONUT GROVE, FL 33133

SUBJECT: AEGIS INTEGRATED MEDICAL MANAGEMENT SERVICES LLC.  
Ref. Number: L17000075885

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please sign and return your check along with this document in order to complete your filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 619A00010133

RECEIVED

2019 JUN -7 PM 3:39

SECRET  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2019

MANUEL ALONSO-POCH, ESQUIRE  
3520 ROCKERMAN ROAD  
COCONUT GROVE, FL 33133

SUBJECT: AEGIS INTEGRATED MEDICAL MANAGEMENT SERVICES LLC.  
Ref. Number: L17000075885

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$11.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The entity's date of incorporation/organization must be listed in the document.

Please list the document for the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 919A00009297

FILED

2019 JUN 14 AM 11:50

**AMENDMENT  
TO ARTICLES OF ORGANIZATION  
OF**

**Aegis Integrated Medical Management Services LLC**  
**a Florida limited liability company**  
**Document Number: L17000075885**  
**Date of Incorporation: April 4, 2017**

**WHEREAS**, a meeting of all the Managers, Members and Economic Interest Holders of **AEGIS INTEGRATED MEDICAL MANAGEMENT SERVICES LLC**, (the "Company"), was held on the 15<sup>th</sup> day of April, 2019 to consider changing the name of the Company to **AEGIS INTEGRATED LLC**.

**WHEREAS**, by a unanimous vote and consent of all the Managers, Members and Economic Interest Holders of the Company the Managers, Members and Economic Interest Holders resolved to change the name of the Company to **AEGIS INTEGRATED LLC**.

**NOW THEREFORE**, the Articles of Organization of the Company shall be changed forthwith as follows:

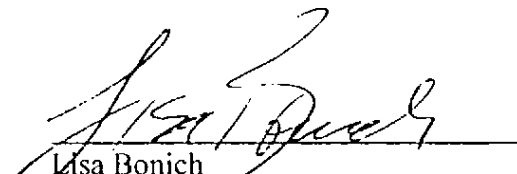
**ARTICLE I**

**NAME PRINCIPAL OFFICE AND PLACE OF OPERATIONS**

The name of this corporation is: **AEGIS INTEGRATED LLC**.

The Articles of Organization of the Company shall otherwise remain unchanged and in full force and effect.

**IN WITNESS WHEREOF**, the undersigned Manager of the Company has here unto set his hand and seal this 15<sup>th</sup> day of April, 2019.

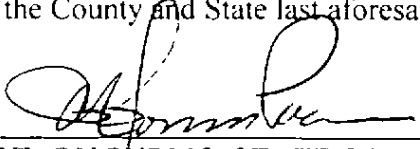
  
Lisa Bonich  
Manager

STATE OF FLORIDA                    )  
  ) SS.  
COUNTY OF MIAMI-DADE        )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments personally appeared, Lisa Bonich, Manager of AEGIS INTEGRATED LLC, (    ) who is personally known to me. (X) or who produced Lisa Bonich as identification and who did take an oath and is known to be the person described in and who executed the foregoing instrument.

WITNESS my hand and official seal in the County and State last aforesaid this 15<sup>th</sup> day of April, 2019

My Commission Expires:

  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA