

L17 000 119 516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

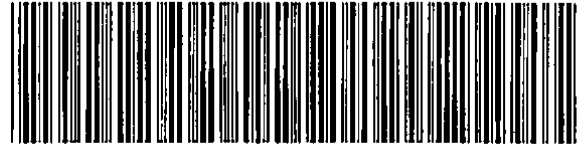
(Business Entity Name)

(Document Number)

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2019 SEP -3 AM 9:01

FILED

C GOLDEN

SEP 14 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALTERNATIVE MEDICAL CARE 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:

ESTHER KOVACS

Name of Person

ALTERNATIVE MEDICAL CARE LLC

Firm/Company

PO BOX 940459

Address

MAITLAND, FL, 32794

City/State and Zip Code

ESTHER@UROLOGYWINTERPARK.COM

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

For further information concerning this matter, please call:

ESTHER KOVACS

407

508-0006

at (_____) _____

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

✓ Check #

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

FILED

ALTERNATIVE MEDICAL CARE LLC

2019 SEP -3 AM 9:01

(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 2017-05-31 and assigned Florida document number 117000119516.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

315 N. LAKE MONT

(Principal office address MUST BE A STREET ADDRESS)

WINTER PARK, FL. 32792

Enter new mailing address, if applicable:

PO BOX 940459

(Mailing address MAY BE A POST OFFICE BOX)

MAITLAND, FL.

32794

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:

COHEN, DANIEL

New Registered Office Address:

315 N. LAKE MONT

Enter Florida street address

WINTER PARK

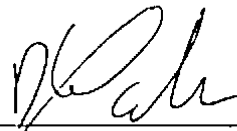
Florida 32792

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KOVACS, ESTHER	PO BOX 940459, MAITLAND, FL, 32794	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	COLVIN, ROBERT		<input type="checkbox"/> Add
		111 N. LAKE MONT, WINTER PARK, FL, 32792	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	COHEN, DANIEL	PO BOX 940459, MAITLAND, FL, 32794	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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