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2020 AUG 13 PM 6:09

O C SIMONS
SEP 30 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Accountable Healthcare Partners, 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:

Carlos A. Manrara

Name of Person

Zubero Syed & Manrara, LLC

Firm/Company

300 Sevilla Ave. Suite 205

Address

Coral Gables, FL 33134

City/State and Zip Code

carlos@zuberosyed.com

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

For further information concerning this matter, please call:

Carlos A. Manrara

305 615-1458
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
AMBR	L.F.E. Inc.	C/O ZSM 300 Sevilla Ave	<input type="checkbox"/> Add
		Suite 205	<input checked="" type="checkbox"/> Remove
		Coral Gables, FL 33134	<input type="checkbox"/> Change
AMBR	Leon, Gustavo, MD	C/O ZSM 300 Sevilla Ave	<input type="checkbox"/> Add
		Suite 205	<input checked="" type="checkbox"/> Remove
		Coral Gables, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 AUG 13 PM 6:09

E. Effective date, if other than the date of filing: August 11, 2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 11, 2020

Janet Leon

Signature of a member or authorized representative of a member

Janet Leon

Typed or printed name of signee