L18000274751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received Faxed corrections on 3/4/19

Office Use Only

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S TALLENT

MAR 04 2019

FILED

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RIA-CH

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2019

ALINA LORITES
ALMA MEDICAL CENTER
10740 WEST FLAGLER STREET SUITE 12
MIAMI, FL 33174

SUBJECT: ALMA MEDICAL CENTERS LLC
Ref. Number: L18000274751

We have received your document and check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 519A00000785

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alma Medical Centers LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alina Lorites
Name of Person

Alma Medical Centers LLC
Firm/Company

10740 West Flagler St #12
Address

Miami, Florida 33174
City/State and Zip Code

info@almamedicalcenter.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alina Lorites at (305) 800-2562
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee

☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Alma Medical Centers LLC

2. (a) 10740 West Flagler St, #12 Mia Fl 33174
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
10740 West Flagler St, #12
Miami, Florida 33174

(b) 10740 West Flagler St, #12 Mia Fl 33174
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
10740 West Flagler St, #12 Mia
Miami, Florida 33174

3. November 28, 2018
Date of filing/registration in Florida

4. L18000274751
Document number

5. (a) Jorge Jaen
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Jorge Jaen
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
10740 West Flagler St #12
Miami, FL 33174

(b) Alina Lorites
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Alina Lorites
NEW Registered Office Address:
10740 West Flagler St #12
Miami, FL 33174

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Alina Lorites
Printed or typed name of signee

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.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2/14)