

L19000 215373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

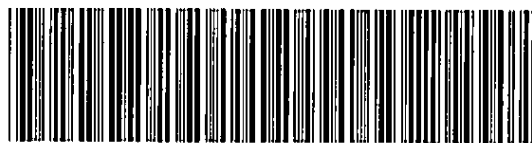
(Business Entity Name)

(Document Number)

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2019.09.10 PM 3:25

Amend

SEP 18 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAM HEALTHCARE HOLDINGS ONE, 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:

Allan Valdes

Name of Person

MAM HEALTHCARE HOLDINGS ONE, LLC

Firm/Company

1820 SW 13 ST

Address

Miami, FL 33145

City/State and Zip Code

allan.valdes@gmail.com

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

For further information concerning this matter, please call:

Allan Valdes

305 283-0212
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

2019-01-10 PM 3:25

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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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	Allan Valdes	1820 SW 13 ST	<input type="checkbox"/> Add
		Miami, FL 33145	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LIFE BEHAVIORAL GROUP, LLC	1139 NE 17TH WAY	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALMAT BIO SOLUTIONS LLC	1139 NE 17TH WAY	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated September 7, 2019

Allan Valdés
Typed or printed name of signee