L19000 215373

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Amend

SEP 1 8 2019

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COVER LETTER

Division of Co								
MAM HE	ALTHCARE HOLDINGS ON	E, LLC						
Name of Limited Liability Company								
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.						
Please return all corresp	oondence concerning this matter	to the following:						
	Allan Valdes							
	MAM HEALTHCARE H	Name of Person OLDINGS ONE, LLC	<u> </u>					
	1820 SW 13 ST	Firm/Company						
	Miami, FL 33145	Address						
	allan.valdes@gmail.com	City/State and Zip Code	- 1					
		to be used for future annual report notif	ication)					
For further information of	concerning this matter, please c	all:						
Allan Valdes		305 283-0212 at ()						
Name	of Person	Area Code Daytime	Telephone Number					
Enclosed is a check for t	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAM HEALTHCARE HOLDINGS ONE, LLC

(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 08/22/2019 and assigned Florida document number L19000215373 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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

_, Florida ___

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>	Type of Action
AMBR	Allan Valdes	1820 SW 13 ST	
	···	Miami, FL 33145	
		Wilailii, 1 E 33 [43	□ Remove
			Li Remove
			☐ Change
MGR	LIFE BEHAVIORAL GROUP, LLC	1139 NE 17TH WAY	
		FORT LAUDERDALE, FL	
		33304	■ Remove
	ALMAT DIO COLUTIONE LLO	4400 NE 477	Change
MGR	ALMAT BIO SOLUTIONS LLC	1139 NE 17TH WAY	5
		FORT LAUDERDALE, FL	= Add
		33304	Remove
			Change
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Filing Fee: \$25.00