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From:

Account Name

: ALLSTATE MEDICAL CONSULTING, INC.

Account Number : 120110000067

Phone

: (786)362-0124

Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SARASOTA HEALTHCARE 168, LLC

Certificate of Status	0
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Corporate Filing Menu

MAY 2 9 2020

13056750701 From: SAUL ACOSTA

SARASOTA HEALTHCARE 168, LLC

Document #: L19000265536

PLEASE UPDATE THE EIN:

FEI/EIN Number: 84-4224658

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now appear imited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Co Florida document number <u>L19000265536</u>	•	**		and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company h	<u>ere</u> :			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the c	designation "LLC" or	the abbrev	viation "L.	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR.	ESS)				
			SECA	2020 !	
Enter new mailing address, if applicable:	· · ·		<u> </u>	===	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	<u></u>	1
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our	records, enter th	ensme e	The ne	w-registe
Name of New Registered Agent:				<u></u>	 ;
New Registered Office Address:	Enter Fl	lorida street address			
·		, Flor	ida		
· · · · · · · · · · · · · · · · · · ·	City			Zip Code	
New Registered Agent's Signature, if changing Registere	d Agent:				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete perjormance to gent as provided for in ed office address, I her	oj my uanes, um i Chanter 605. F	S. Or il	this doc	ument is
•	If Changing Registered	toont Clonature of	New Regi	itered Age	ent

□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			□Add
····			CIAdd
			☐ Change
			the change
			DAdd
•			□Remove
			☐ Change
	· .		[]Add
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•			□Change
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FEI/EIN Number: 84-4224658	
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Filing Fee: \$25.00