

L19000285390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

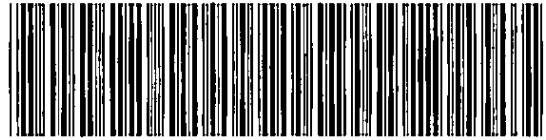
(Business Entity Name)

(Document Number)

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2020 MAY 11 P 4:16

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May 8, 2020

Via FedEx, Tracking No. 7704 1516 3382

Ms. Darlene M. Connell  
Regulatory Specialist Supervisor II  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

**Re: Articles of Amendment to Articles of Organization of L19000285390  
Articles of Merger of L18000181249, L18000181175 and L18000181181  
Articles of Organization for Florida Limited Liability Company**

Dear Ms. Connell:

Thank you for your assistance over telephone and e-mail with the preparation of the enclosed package of documents. Pursuant to your instructions, enclosed are two sets of documents for filing with the Florida Department of State, Division of Corporations. The documents are mentioned in the chronological order in which they should be filed.

- (1) **Articles of Amendment to Articles of Organization** of Constellation Medical Group, LLC, L19000285390, amending the name of the company to Laniakea Medical Group, LLC, and an accompanying check for \$25.00 for their registration.

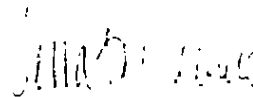
It is essential to record this amendment prior to proceeding with the recording of the remaining documents contained in this package, as the purpose of the amendment is to make the name "Constellation Medical Group, LLC" available for a new entity registration mentioned in paragraph (2), below.

(2) **Articles of Merger** of the following three entities, (a) Pisces Medical, LLC, L18000181249, (b) Virgo Medical, LLC, L18000181175, and (c) Libra Medical, LLC, L18000181181, signed by representatives of all three entities as well as that of the surviving entity. The Division of Corporations has already received a payment in the amount of \$100.00 for the filing of the Articles of Merger.

The merger of these three entities creates a new, never previously existing, entity named Constellation Medical Group, LLC. Thus, the original name of the entity mentioned in section (1), above, is being reused in the creation of this new entity. Attached to the Articles of Merger as Exhibit 1 are the **Articles of Organization** for a new Florida limited liability company named Constellation Medical Group, LLC, and an accompanying check for \$125.00 for their registration.

Please do not hesitate to contact me at 305-200-5553 or at [olesia@belchenkolaw.com](mailto:olesia@belchenkolaw.com), should you have any questions. Thank you for your assistance with this matter.

Sincerely,



Olesia Y. Belchenko

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CONSTELLATION MEDICAL GROUP, 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:

Olesia Y. Belchenko  
Name of Person  
Olesia Y. Belchenko, P.A.  
Firm/Company  
1221 Brickell Avenue, Suite 2400  
Address  
Miami, Florida 33131  
City/State and Zip Code  
olesia@belchenkolaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olesia Y. Belchenko at ( 305 ) 200-5553  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Changing Registered Agent, Signature of New Registered Agent**

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

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 April 24 2020

Nicolas R. Alvarez, Manager

Typed or printed name of signee

**Filing Fee: \$25.00**