

3/6/2020

Division of Corporations

L19000286158

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.  
Account Number : I20110000067  
Phone : (786)362-0124  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UNITED COMMUNITY CARE LLC**

Certificate of Status	0
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Page Count	01
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MAR 13 2020

1 ALBRITTON

LLC Amend.

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Corporate Filing Menu

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED COMMUNITY CARE LLC

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

FILED  
2020 MAR 12 PM 4:35  
SPRINGFIELD, FLORIDA  
CLERK OF CIRCUIT COURT

The Articles of Organization for this Limited Liability Company were filed on 12/05/2019 and assigned  
Florida document number L19000286158

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)**

764 SW 18TH AVE

MIAMI, FL 33135

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

764 SW 18TH AVE

MIAMI, FL 33135

**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*

Florida

*City*

*Zip Code*

**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**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
Indicate the date of filing or more than 90 days after filing.

**Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(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) the date of filing must meet the applicable statutory filing requirements, this date will not be listed as the

**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.

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 MARCH 06 2020

Signature of a member or authorized representative of a member

Tipsy Olivero  
Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**