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

Fax Number

: (305)675-0701

**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-

SALUDABLEMENTE LLC

Certificate of Status	. 0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Ments/ SHIKEP Help

APR 0 8 2020

TO ARTICLES OF ORGANIZATION OF

SALUDABLEMENTE LLC	•	
(Name of the Limit	ed Lightlity Company as it now appears on our (A Florida Lumined Liability Company)	records.)
he Articles of Organization for this Limited L	iability Company were filed on 01/07/2020	and assigned
lorida document number 120000013342		,
his amendment is submitted to amend the foll	owing:	
. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if appli-		
		_
Principal office address MUST BE A STREE	<u> </u>	
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	2020 2000
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE R. If amending the registered agent and/or	registered office address on our records	enter the name of the new registe
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE R. If amending the registered agent and/or	registered office address on our records	enter the name of the new registe
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address agent and/or Name of New Registered Agent:	registered office address on our records ess here: MATEO, ANA 8001 West 26 Ave. SUITE 1	T. F.O.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address.)	registered office address on our records ess here: MATEO, ANA	T. F.O.

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

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>l'itle</u>	Name	Address	Type of Action
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	·		□Remove
			©Change
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document's effe	erive date on the Depart	ment of State's record	`.			
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Filing Fee: \$25.00