

L20000015521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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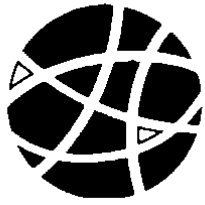


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FILED
2020 OCT 13 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FL 32304

NOV 1 2020



CASC ALLIANCE PARTNERS, LLC

TURNKEY SOLUTIONS FOR SURGERY CENTER DEVELOPMENT

10-3-2020

To Whom It May Concern:

Please find enclosed amendment for Article of incorporation for CASC Alliance Partners LLC. Changes were made in May 1, 2020 but just getting to the amendment due to COVID.

Please contact me with any questions

Sheree Leppinen Owner
5002 Dory Drive
New Port Richey, FL 34652
727-692-8882
sheree@cascalliance.com

Thank you

Sher

**TO: Registration Section
Division of Corporations**

SUBJECT: CASC Alliance Partners, 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:

Sheree Leppinen

Name of Person

CASC Alliance Partners, LLC

Firm/Company

5002 Dory Drive

Address

New Port Richey, FL 34652

City/State and Zip Code

sheree@cascalliance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheree Leppinen

727

692-8882

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF ORGANIZATION
OF**

CASC Alliance Partners, 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 January 8, 2020 and assigned
Florida document number 120000015521.

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)

5002 Dory Drive

New Port Richey, FL 34652

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:

Sheree Leppinen

New Registered Office Address:

5002 Dory Drive

Enter Florida street address

New Port Richey

City

Florida 34652

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

~~Removed from the Record~~
MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--------------------------|--------------------------------------------|
| mgr | Arthur I Smith | 2210 myrtle vista court | <input type="checkbox"/> Add |
| | | Suncity Center, FL 33573 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| mgr | judy lane mravle | 31855 plover Court | <input type="checkbox"/> Add |
| | | Spanish Fort, AL 36527 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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