L200000 25098

(Requestor's Name)
(Address)
,
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_

(Business Entity Name)
(Document Number)
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	ALTAMO	NTE SPRINGS MEDICAL, L	LC	
SUBJEC	1.	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Nipun Gupta		
			Name of Person	
			Firm/Company	
		3758 Farm Bell Pl		
			Address	
		Lake Mary, FL 32746		
			City/State and Zip Code	
		gupnip@gmail.com		
Eas Ab-			(to be used for future annual report notification)	
ror rurtne	r information c	oncerning this matter, please c	all:	
Nipun Gu	ıpta		248 835-7001 at ()	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed i	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate of (additional copy is enclosed) Certified Co (additional copy	of Status &

Malling Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co Florida document number L20000025098	ompany were filed on 1/17/2020	and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limit	ed liability company here:	
CLERMONT MEDICAL, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDRE		
		1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		••
		-
B. If amending the registered agent and/or registered of gent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter</u>	the name of the new regis
New Registered Office Address:		
	Enter Florida street addres:	s
	, Flo	orida
	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

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>	Name	Address	Type of Action
			□Add
			Change
			□Add
			□ Remove
			□ Change
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			□Remove

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ffective date, if other that an effective date is listed, the date.	this block does not meet i	the applicable sta	of filing or more than atutory filing requir	(optional) 90 days after filing.) ements, this date v	Pursuant to 605.0207 will not be listed as
in the date inserted in	·				
ocument's effective date on record specifies a delayed e		ffective time, at	12:01 a.m. on the e.	arlier of: (b) The	90th day after the
record specifies a delayed entire file.	ffective date, but not an e	ffective time, at	12:01 a.m. on the e.	arlier of: (b) The	90th day after the
record specifies a delayed e lis filed. ated 06/30	ffective date, but not an e)21			90th day after the
record specifies a delayed e is filed. ated 66/30	ffective date, but not an e)21			90th day after the