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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Division of Cor	porations				
	ocal Health LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	andence concerning this matter	-			
r lease return an correspo	indence concerning this matter	to the following.			
	Cesar A. Clavero				
		Name of Person			
	Advanced Local Health LI	.C			
		Firm/Company	·		
	7760 NW 56 Street				
		Address			
	Doral, FL 33166				
	•	City/State and Zip Code			
	cclavero@advanced.aero	to be used for future annual report not	95		
For further information c	oncerning this matter, please c	·	meanon)		
Cesar A. Clavero		305 490-0005			
Name of Person		at () Area Code Daytime Telephone Number			
ranc o	i i cixon	Area Code 17dyun	te reseptione (Summer		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration 9		<u>Street Address:</u> Registration Se	ection		
Division of C	Corporations	Division of Corporations			
P.O. Box 632 Tallahassee, l		The Centre of 7			
rananassee,	CL 24214	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Advanced Local Health LLC

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

	(A Fiorida Limite	a riabinty Company)		
The Articles of Organization for this Limited Li Florida document number L2000008048		by were filed on $\frac{03/12}{2}$	2/2020	and assigned
This amendment is submitted to amend the folk				
A. If amending name, enter the new name of	the limited lia	ibility company here	¥.	
N/A				
The new name must be distinguishable and contain the w-	ords "Limited Lia	bility Company," the desi	gnation "LLC" or the a	obbreviation "L.L.C."
Enter new principal offices address, if application	Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		N/A		4-
B. If amending the registered agent and/or reagent and/or the new registered office addres		e address on our rec	ords, <u>enter the nar</u>	ne of the new registe
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florid	a street address	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		City	Florida _	Zip Code
New Registered Agent's Signature, if changing R	tegistered Agen	•		·· ·

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Llobal Alonso	7760 NW 56 Street Doral, Florida, 33166	≣ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: March 12, 2020 (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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Where the date is listed. Signature of a member or authorized representative of a member. Cesar A. Clavero	N/A						
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Filing Fee: \$25.00