

OCT - 2 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALLY Medical Group 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:

Christina Pawlak  
Name of Person  
RX Licensing & Accred  
Firm/Company  
10294 Wellington Parc Dr  
Address  
Wellington FL 33449  
City/State and Zip Code  
christinapepharmlicensing.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Pawlak at 561 2155067  
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



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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Tanner Labarge		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr.	Sabrina Liberatore	2300 Palm Beach Lakes Blvd	<input type="checkbox"/> Add
		#200A	<input type="checkbox"/> Remove
		West Palm Beach A	<input type="checkbox"/> Change
		33409	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

100% shareholder  
Sabrina Liberatore

E. Effective date, if other than the date of filing: 8/3/2020 (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 (3)(b)

**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

Aug 3, 2020

Sabrina Liberatore

Signature of a member or authorized representative of a member

Sabrina Liberatore

Typed or printed name of signee

Filing Fee: \$25.00