

h20 000291177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

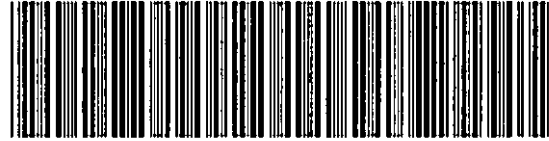
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

707

Office Use Only



600392036606

08/05/22--01015--027 **\$2.50

RECEIVED
DIVISION OF CORPORATIONS
22 NOV -8 PM 1:29

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Atisso Medical Center LLC

DOCUMENT NUMBER: 1.20000291177

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frantz Sainvil

Name of Contact Person

Firm/ Company

4945 SW 66th Terrace

Address

Davie, Florida. 33314-4351

City/ State and Zip Code

Frantzainvil11@gmail.com and Atissomedicalcenter@gmail.com

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

22 NOV - 8 PM 1:29

DEPARTMENT OF
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Frantz Sainvil

at (954) 290-9159

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2022

FRANTZ SAINVIL
4945 SW 66TH TERRACE
DAVIE, FL 33314-4351

SUBJECT: ATISSO MEDICAL CENTER LLC
Ref. Number: L20000291177

22 NOV -8 PM 1:29

Division of Corporations

We have received your document for ATISSO MEDICAL CENTER LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 422A00024026

Nov 8
Received

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atisso Medical Center 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:

Frantz Sainvil

Name of Person

Atisso Medical Center LLC

Firm Company

4945 SW 66th Terrace

Address

Davie, Florida, 33314-4351

City, State and Zip Code

Atissomedicalcenter@gmail.com

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

For further information concerning this matter, please call.

Frantz Sainvil

Name of Person

at (954) 290-9159

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

22 NOV - 8 PM 1:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Atisso Medical Center LLC

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

22 NOV 8 PM 1:30
DIVISION OF CORPORATE
REGISTRATION

The Articles of Organization for this Limited Liability Company were filed on 09/16/2020 and assigned
Florida document number L20000291177

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: 2331 North State Road-7 Suite-220,
(Principal office address MUST BE A STREET ADDRESS) Lauderhill, Florida, 33313-3772

Enter new mailing address, if applicable: 4945 SW 66th Terrace
(Mailing address MAY BE A POST OFFICE BOX) Davie, Florida, 33314-4351

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:

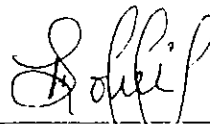
Name of New Registered Agent: Frantz Sainvil

New Registered Office Address: 2331 North State Road-7 Suite-220
Enter Florida street address

Lauderhill, Florida 33313-3772
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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|--|--|
| MGR | Oscar Alvin Toussaint | 302 NW 59th Terrace, Miami, FL, 33127 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Harry Sainvil | 4945 SW 66th Terrace, Davie, FL, 33314 | <input type="checkbox"/> Add |
| | | | <input checked="" 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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

22 NOV - 8 PM 1:30
Division of Children & Family Services

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

N/A.

22 NOV - 8 PM 1:30

DEPARTMENT OF
DIVISION OF CONSUMER PROTECTION

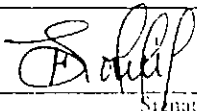
E. Effective date, if other than the date of filing: 11/01/2022 (optional)

(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 605.9207 (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 Thursday November 3rd, 2022



Signature of a member or authorized representative of a member

Frantz Sainvil

Typed or printed name of signer

Filing Fee: \$25.00