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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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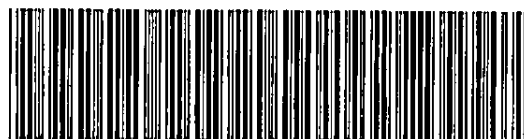
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2 PRUCE  
OCT 01 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Above All medical Clinic, 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:

Traci Banta  
Name of Person  
Above All medical Clinic  
Firm/Company  
255 SE 17th St.  
Address  
Dealea, FL 34471  
City/State and Zip Code  
tbanta98@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Traci Banta at (352) 857-4878  
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 AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Above All medical Clinic, 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 8/27/2021 and assigned Florida document number L2100038421.

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)**

255 SE 17th St.  
Ocala, FL 34471

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

255 SE 17th St.  
Ocala, FL 34471

**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:

New Registered Office Address:

Enter Florida street address

Florida

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 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	Traci Banta	2152 NE 120th Pl.	<input checked="" type="checkbox"/> Add
		Anthony, Fl. 32617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brother Griffin	3100 SE 50th, Pl.	<input checked="" type="checkbox"/> Add
		Ocala, Fl. 34480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Danielle Cook	6304 SE 10th Lane	<input checked="" type="checkbox"/> Add
		Ocala, Fl. 34412	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chelsey Christensen	1027 SE 50th Ter.	<input checked="" type="checkbox"/> Add
		Ocala, Fl. 34471	<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

SECTION 1021.001  
- 1 -  
FEB 13 2013  
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2021 OCT -11 PM 3:37  
FIM 127  
TAL 100

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CLERK OF DISTRICT COURT  
TALAMON

(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

9/28, 2021

Signature of a member or authorized representative of a member

Traci Banton

Typed or printed name of signee