## [220005/359

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## **COVER LETTER**

то:

Registration Section Division of Corporations

ALMA SO SUBJECT:	CIAL SERVICES LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARLENYS MEJIAS				
		Name of Person			
		Firm/Company			
	3367 SW I AVE				
		Address			
	MIAMI, FL 33145				
		City/State and Zip Code			
	marlenistmb@gmail.com				
	E-mail address: (	to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
Marlenys Mejias		305 560-4158			
Name of Person		Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
□ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	C \$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 Section		Street Address: Registration Section			
Division of C	Corporations	Division of Cor	Division of Corporations		
P.O. Box 632 Tallahassee, l		The Centre of T			
i ditanasce, i	1 4 J 4 J 1 T	7717 14 MINIO	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALMA SOCIAL SERVICES 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 01/31/2022 and assigned Florida document number L22000051359

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALMA MEDICAL AND RESEARCH SERVICES LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 a	ddress
		, Florida
	Cin	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.

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

1400	3.4	
MGR=	Manager	
AMDD -	Authorized Member	
AIVLDR =	· Authorized Member	

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change
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			☐ Change
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			□Remove
			□Change

Effective date, if other than the date of filing:  (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 605.020 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 ord is filed.  Dated  JUNE 29  2024  Signature of a member or authorized representative of a member  MARLENYS MEJIAS				<u></u>			· · · · · · · · · · · · · · · · · · ·
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