

L23000044944

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(City/State/Zip/Phone #)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALTA MEDICAL CARE, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BENZ R. CELESTIN

Name of Person

ALTA MEDICAL CARE, LLC.

Firm/Company

1881-1891 WEST OAKLAND PARK BLVD SUITE E-W

Address

OAKLAND PARK, FLORIDA 33311

City/State and Zip Code

ALTAMEDICALCARE@GMAIL.COM

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

For further information concerning this matter, please call:

BENZ R CELESTIN

Name of Person

at ( 954 ) 270-4325

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ALTA MEDICAL CARE CENTER, 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 01/24/2023 and assigned Florida document number 1.23000044944.

This amendment is submitted to amend the following:

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

ALTA MEDICAL CARE, 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)**

1881-1891 WEST OAKLAND PARK BLVD.

SUITE E-W

OAKLAND PARK, FLORIDA 33311

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

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

1881-1891 WEST OAKLAND PARK BLVD.

SUITE E-W

OAKLAND PARK, FLORIDA 33311

**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:

BENZ R. CELESTIN

New Registered Office Address:

1881-1891 WEST OAKLAND PARK BLVD. SUITE E-W

Enter Florida street address

OAKLAND PARK

Florida 33311

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.	BENZ R CELESTIN	1334 SW 21ST COURT	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR.	MARIE A. CELESTIN	1334 SW 21ST COURT	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SONUEL LOUISSAINT	4773 NW 58TH TERRACE	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THOMAS DORLUS	9341 NW 39TH COURT	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33351	<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.)**

[illegible]

F. Effective date, if other than the date of filing: 01/24/2023 (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 05/25, 2023

Signature of a member or authorized representative of a member

BENZ R CELESTIN

Typed or printed name of signee

**Filing Fee: \$25.00**