

L23000250763

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PASO ALTO ADVANCED TREATMENT CENTER, LLC**

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

2023 JUL 17 PM 4:41

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PASO ALTO ADVANCED TREATMENT 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:

Miguel A. Maspons, Esq.

Name of Person

Maspons Advisory Services

Firm/Company

232 Andalusia Avenue, Suite 200

Address

Coral Gables, FL 33134

City/State and Zip Code

mas@mascorpserv.com

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

For further information concerning this matter, please call:

Vanessa M. Collazo

786

539-1430

Name of Person

at ()

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

PASO ALTO ADVANCED TREATMENT 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 05/22/2023 and assigned
Florida document number L23000250763.

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:

11301 S. Dixie HWY., #5336

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33256-9998

Enter new mailing address, if applicable:

11301 S. Dixie HWY., #5336

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33256-9998

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

City

Florida

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>
MGRM	Luis Gilberto Rodriguez Martinez	11301 S. Dixie HWY.	<input type="checkbox"/> Add
		Miami, FL 33256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Francisco R. Lopez Ferraz	11301 S. Dixie HWY.	<input type="checkbox"/> Add
		Miami, FL 33256	<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
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			<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.)*

If the FEI/EIN Number can be added to the record, that would be great, being: 93-1676799.

[illegible]

E. Effective date, if other than the date of filing: _____ (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 July 17 2023

[Handwritten signature]

Signature of a member or authorized representative of a member

Attorney-In-Fact

Typed or printed name of signee