

L23000301390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

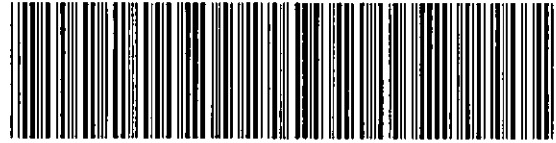
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900423180159

05/21/24--01004--009 **25.00

LLC Amend

RECEIVED
2024 MAY 21 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2024 MAY 21 AM 11:12
COMPTROLLER OF FINANCE
TALLAHASSEE, FLORIDA

A. RAMSEY
MAY 22 2024

**CORPORATE
ACCESS,
INC.***When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303
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WALK IN

PICK UP: BROOK 5/20

CERTIFIED COPY _____

XX PHOTOCOPY _____

GS _____

XX FILING LLC AMEND _____

1. ALTA MEDICAL LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alta Medical 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:

Enea Bifsha

Name of Person

Firm/Company

5946 Curry Ford Road Suite 103

Address

Orlando, FL 32822

City/State and Zip Code

ebifsha7@gmail.com

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

For further information concerning this matter, please call:

Enea Bifsha

Name of Person

at (407) 443-6750

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**

FILED
2024 MAY 21 AM 11:12
STATE OF FLORIDA
CLERK OF CIRCUIT COURT

Alta Medical 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 06-23-2023 and assigned
Florida document number L23000301390.

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)

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 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

Title	Name	Address	Type of Action
MGR	Ivi Bifsha	425 S Avalon Park Blvd	Add
		Suite 1000	Remove
		Orlando, FL 32828	Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
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			Change
			Add
			Remove
			Change

[illegible]

(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)

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.

Ebe

Enea Bifsha

Typed or printed name of signee

Filing Fee: \$25.00