

L24000067564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

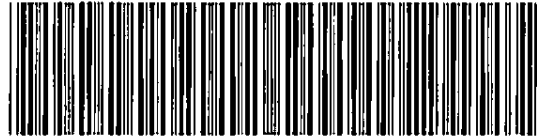
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2024 MAR 15 AM 9:50

TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR 15 PM 1:35

TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 03/15/2024

**\*\*WALK IN\*\***

ENTITY NAME Atlas Healthcare Holdings, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

\_\_\_\_\_  
\_\_\_\_\_  
XXXXXXXXXX  
\_\_\_\_\_  
*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Certified Copy of Arts & Amendments*  
*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$30

ACCOUNT #: 120160000072

*S. R. F/M*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ATLAS HEALTHCARE HOLDINGS, 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:

DANIEL P. SOKOLOFF

\_\_\_\_\_  
Name of Person

DANIEL P. SOKOLOFF, CPA, PA

\_\_\_\_\_  
Firm/Company

715 E. HILLSBORO BLVD, 2ND FLOOR

\_\_\_\_\_  
Address

DEERFIELD BEACH, FL 33441

\_\_\_\_\_  
City/State and Zip Code

DSOKOLOFF@TAXSOFLLA.COM

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

For further information concerning this matter, please call:

DANIEL SOKOLOFF

954 360 - 8477  
at ( )

\_\_\_\_\_  
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

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

**FILED**

2024 MAR 15 AM 9: 50

ATLAS HEALTHCARE HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records) THE STATE OF FLORIDA  
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/06/2024 and assigned  
Florida document number 124000067564.

This amendment is submitted to amend the following:

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

ATLAS HEALTH HOLDINGS, 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 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 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**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2024 MAR 15 AM 9:50  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

TFED


**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 MARCH 15 2024



Signature of a member or authorized representative of a member

ERIC LEON

Typed or printed name of signee

**Filing Fee: \$25.00**