

MD700000 3488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

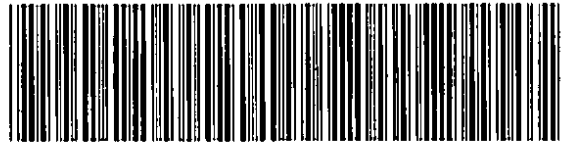
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. J. EGGETT
JUL 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPEN ACCESS MIAMI, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRYAN LEVY, ESQ.
Name of Person

BALLESTE & LEVY, PA
Firm/Company

11430 N. KENDALL DR, #111
Address

MIAMI, FL 33176
City/State and Zip Code

BRYAN@BL-LAWGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRYAN LEVY at (305) 275-0652
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

(ALREADY PAID)

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: OPEN ACCESS LIFELINE, LLC

Enter new principal office address, if applicable: 16401 NW 2nd AVENUE

(Principal office address
MUST BE A STREET ADDRESS)

SUITE 101

N. MIAMI, FLORIDA 33169

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

16401 NW 2nd AVENUE

SUITE 101

N. MIAMI, FLORIDA 33169

2. The Florida document number of this limited liability company is: MO7000003488

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 6/11/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: OPEN ACCESS MIAMI, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: SANFORD D. ALTMAN

New Registered Office Address: 16401 NW 2nd AVE SUITE 101
Enter Florida Street Address

N. MIAMI, Florida 33169
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.

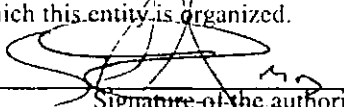
(Signature)
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMIR	ILMS LIFELINE, INC.	JLD / SEC GOWFIN 2000 16th STREET DENVER, CO 80202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMIR	OPEN ACCESS INCORPORATED ACCESS CENTER, INC.	JLD / SEC GOWFIN 2000 16th STREET DENVER, CO 80202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGIR	SANFORD D. ALTMAN	16401 NW 2nd AVE SUITE 101 N. MIAMI, FL 33169	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

SANFORD D. ALTMAN
Typed or printed name of signer

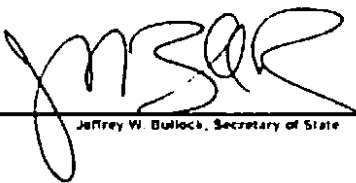
Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "OPEN ACCESS LIFELINE, LLC", CHANGING ITS NAME FROM "OPEN ACCESS LIFELINE, LLC" TO "OPEN ACCESS MIAMI, LLC", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF JUNE, A.D. 2018, AT 10:15 O'CLOCK A.M.



Jeffrey W. Bullock, Secretary of State

4367534 8100
SR# 20185190493

Authentication: 202924621
Date: 06-20-18

You may verify this certificate online at corp.delaware.gov/authver.shtml

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: OPEN ACCESS LIFELINE, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

THE COMPANY NAME SHALL CHANGE TO:

OPEN ACCESS MIAMI, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 13 day of JUNE, A.D. 2018.

By: 
Authorized Person(s)

Name: SAMUEL D. ALTMAN MD
Print or Type MANAGER