Division of Corporations Public Access System

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(((H09000139870 3)))



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Account Number : I20090000005 Phone

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

KATHLEEN E. GOODMAN MD, LLC

Certificate of Status	1
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JUN 12 2009

EXAMINER

6/10/2009

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FAX NO. :3052730405

FROM : FEMMELL

https://efile.sunbiz.org/scripts/efileovr.exc

HOPOO1398703 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kathleen E. Goodman MD 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 $3.11.20$	2014 and as	ssigned
Florida document number LO4 0000 20805			
This amendment is submitted to amend the following:			DIV
A. If amending name, enter the new name of the limited liab	ility company here:	000	SECRET
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Unbility Company," the des	signation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<u> </u>
Enter new mailing address, if applicable:	3225 Avia	nion Aver	nue
(Mailing address MAY BE A POST OFFICE BOX)	suite 700		
	Miami_FL	33133	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name	of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		dorida	
	City	Zip Cod	de
New Registered Agent's Signature, if changing Registered Agent:			

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 608, 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

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FROM: FEMMELL FROM: 3082730405 Jun. 11 2009 09:51AM P4

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name		Address	Type of Action
NGRM	Robert B	oten wd	8955 SW 87th ('OUrt Suite 214 Mami, FL 3376	Add Remove
KGR <u>M</u>	WITALIMD Grow	ip Holding,	3275 Aviation Avenue Suite 700 Miami FL 3313'5	Add
				Add Remove
	AND ADDRESS OF THE STATE OF THE			Add Remove
		u		
D. If am	ending any other info	ormation, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
				
Dated			Total Midd Mide Total and The Control of a member	
	·	- -	T BOJE H MD	

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Filing Fee: \$25.00

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