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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		ergency Medicin	e, PL
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Sarah	Name of Person	
	C/0 8t	rcing Adams W	7
		O Washington Address Third	Ae F
		Ami Beach, City/State and Zip Code	FL 33139
	E-mail address: (1	to be used for)future annual report notific	calion)
For further information of	concerning this matter, please ca	all:	
Sarah Name	J. Ele Ho	at (<u>5 /6)</u> <u>526</u> Area Code Daytime	332 \(\tag{Telephone Number}
Enclosed is a check for t	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)
Regist	ING ADDRESS: ration Section	STREET/COURIE Registration Section	1
P.O. E	on of Corporations Sox 6327 assee, FL 32314	Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	nter Circle

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C.	ompany as it now appears on our records.) itted Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 2 26 200 8 and assigned
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:	Cla Strang Adams PA
Principal office address MUST BE A STREET ADDRES	S) 1130 Washington Are Third PC Miami Beach, PC 33139
Enter new mailing address, if applicable:	c/o Strang Adams PA Sus
(Mailing address MÄY BĚ À POST OFFICE BOX)	MiAmi Beach FC 33189
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new s here:
Name of New Registered Agent:	trong Adams PA
New Registered Office Address: 113	D Washington Avenue Third FL Enter Florida street address
Mit	Mi Beach, Florida 33139 Zip Code
New Registered Agent's Signature, if changing Registered A	gent:
provisions of all statutes relative to the proper and comp	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> **Name Address** AMBR SArah J. Eletto Clo Strang Adams PA ☑ Add 1130 Wishinston Are Third Fr MiAni Beach PL 33139 ☐ Remove □ Change Sorah Eletto MGR □ Add Apt 2206 33131 Minni FL Remove Change 풊

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. 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.) Pursu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th b) The 90th day after the record is filed.	e earlier of:
Dated 7/20/16, Signature of a membersor authorized representative of a member	
Typed or printed name of signee	and the second of the second o

Page 3 of 3

Filing Fee: \$25.00