# 117000102624

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: New Wat Medical PA, 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:
Mail Zhuk Name of Person
MAZI8 Holdings MC
1045 95th Street, Suite 300
But Harbor Islands, FL 33154  City/State and Zip Code  War Kerric (CM) Dundstore (CM)  E-mail address: (to be used for filture annual report notification)
For further information concerning this matter, please call:
Mark Zhuk at 305 799-5133  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sum_{25.00}\$ \text{Filing Fee}   \$30.00 \text{ Filing Fee & Certificate of Status}   \qq \qquad        \qu

### MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahossee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Ware Ma	edical PA, W	, 
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on ou Limited Liability Company)	<u>r records.</u> )
The Articles of Organization for this Limited Liability C Florida document number LIF 000102024	ompany were filed on Maid	9, 1017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		10.
(Principal office address MUST BE A STREET ADDR	PESS)	
		2 70
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		Eli gi
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida stree	et address
		, Florida
<del></del>	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

<u>Title</u>	Name	Address	Type of Action
MGR	Name 18 MAZHJJdings INC	Miami Beach, FL 33139	
	· ·	Might Beach, HC 30109	Remove
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ffective date, if other than the date of filing: 5.5.4 an effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	(optional) e of filing or more than 90 days after filing.) Pursuant to 605, statutory filing requirements, this date will not be liste
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlie
ated 7.5 2017 at 2017	
	UII
Signature of a member or authorized	<u> </u>

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Filing Fee: \$25.00