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| PICK-UP                       | WAIT            | MAIL   |
| (Busine                       | ss Entity Name) | ,      |
| (Docum                        | ent Number)     | ·      |
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18 NOV 26 AH 12: 30

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## **COVER LETTER**

| Div            | ision of Cor    | porations                                       |   |   |
|----------------|-----------------|---|---|---|
| SUBJECT:       | RICHARD         |   |   |   |
| 30 Bill, C 1.  |                 | Name of Limi                                    | ited Liability Company  |   |
| The enclosed   | d Articles of a | Amendment and fee(s) are subt                   | nitted for filing.  |   |
| Please return  | all correspo    | ndence concerning this matter                   | to the following:   |   |
|                |                 | MAX ADAMS                                       |   |   |
|                |                 | THE MEDI LAW FIRM                               | Name of Person  | <del></del>   |
|                |                 | 2151 S LEJEUNE ROAD S                           | Firm/Company UITE 306   | <del></del>   |
|                |                 | CORAL GABLES, FL, 3313                          | Address<br>14   |   |
|                |                 | INFO@THEMEDILAWFIRM                             |   | <del></del>   |
|                |                 |   | o be used for future annual report notific                          | cation)   |
| For further in | nformation co   | oncerning this matter, please ca                | dl:   |   |
| MAX ADAN       | <b>I</b> S      |   | 305 444-3484<br>at ()   |   |
|                | Name of         | Person  | Area Code Daytime   | Telephone Number  |
| Enclosed is a  | a check for th  | e following amount:                             |   |   |
| \$25.00 F      | Filing Fee      | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

TO;

Registration Section

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
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 MOV 26 AH 12:30

RICHARD M. PIANTI, D.O., PLLC.

(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 Florida document number L18000010970  | y were filed on 1/11/2018                         | and assigned                          |
|---|---|---------------------------------------|
| This amendment is submitted to amend the following:   |   |                                       |
| A. If amending name, enter the new name of the limited liab   | bility company here:                              |                                       |
| THE MEDICAL CONCIERGE, PLLC.  |   |                                       |
| The new name must be distinguishable and contain the words "Limited Liab  | sility Company," the designation "LLC" or the abb | reviation "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 of registered agent and/or the new registered office address here.  Name of New Registered Agent: |   | he name of the new                    |
| New Registered Office Address:  | Enter Florida street address                      | · · · · · · · · · · · · · · · · · · · |
|   | Emer Fiorau street daaress                        |                                       |
| <del></del>   | Florida   | Zip Code                              |
|   | Cuy   | гір соағ                              |

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 Authorized Member |               | 18 NOV 25 AH 12: 30 |                |
| <u>Title</u>  | <u>Name</u>               | Address       | TAIT AHADOS OF TAIT | Type of Action |
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| ffective date, if other than the an effective date is listed, the date must | date of filing:                       | date of filing or more than 00. | _ (optional)         | enum to 605 030                       |
| ote: If the date inserted in this blo                                       | ock does not meet the applicabl       | e statutory filing requireme    | ents, this date will | not be listed a                       |
| ocument's effective date on the De  | partment of State's records.          |                                 |                      |                                       |
|   |                                       |                                 | 2.04 -               | 41 P                                  |
| e record specifies a delayed<br>The 90th day after the reco                 |                                       | in enective time, at 1          | 2:01 a.m. on         | the earlier o                         |
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| NOVEMBER 15 ated  | 2018                                  |                                 |                      |                                       |
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|   | HULLOW AT West                        |                                 |                      |                                       |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00