

L18000099457

Division of Corporations

Florida Department of State
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PULMONARY / CRITICAL CARE AND SLEEP DISORDERS INSTIT

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H18000233208

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PULMONARY / CRITICAL CARE AND SLEEP DISORDERS INSTITUTE OF SOUTH FLORIDA, INC
(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 APRIL 19, 2018 and assigned Florida document number L18000099457.

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 "L.L.C." or the abbreviation "LLC."

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 office 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:

New Registered Office Address:

Enter Florida street address

City, Florida *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

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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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALAN BAKST MD	5401 S. CONGRESS AVENUE	<input type="checkbox"/> Add
		SUITE 204	<input checked="" type="checkbox"/> Remove
		ATLANTIS, FL 33462	<input type="checkbox"/> Change
MGR	LUIS PENA-HERNANDEZ MD	5401 S. CONGRESS AVENUE	<input type="checkbox"/> Add
		SUITE 204	<input checked="" type="checkbox"/> Remove
		ATLANTIS, FL 33462	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

