## L18000155733

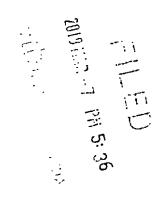
(Re	questor's Name)	-
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(Cit	y/State/Zip/Phone	<del>;</del> #)
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## **COVER LETTER**

FO: Registration Se Division of Cor			
	PHYSICIAN GROUP, PLLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAX ADAMS		
		Name of Person	
	THE MEDI LAW FIRM		
•		Firm/Company	
	2151 S LEJEUNE ROAD S	UITE 306	
		Address	·
	CORAL GABLES, FL, 3313	34	
	INFO@THEMEDILAWFIRM	City/State and Zip Code	
		to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
MAX ADAMS		305 444-3484	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)

MAILING ADDRESS:

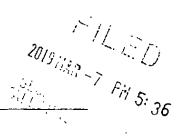
TO:

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



QUALITY PHYSICIAN GROUP, 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	were filed on <u>6/25/2</u> 018	and assigned and
Florida document number L18000155733		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Énter new principal offices address, if applicable:	33049 PROFESSIONAL DRIVE SUIT	E #3
(Principal office address MUST BE A STREET ADDRESS)	LEESBURG, FL, 34788	
Enter new mailing address, if applicable:	33049 PROFESSIONAL DRIVE SUIT	E #3
(Mailing address MAY BE A POST OFFICE BOX)	LEESBURG, FL, 34788	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Projectored Agent's Signature if changing Projectored Agents		

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KAROVSKA VUCHIDOLOV, ANA	33049 PROFESSIONAL DRIVE	
WIGK			
		SUITE #3	
			□ Remove
		LEESBURG, FL, 34788	
	ALEM, M.D., PLLC.	33049 PROFESSIONAL DRIVE	Change
MGR	ALLIM, M.D., I LEG.	33043 1 1161 E331611/1E B1114E	<b>5</b>
		SUITE #3	
		3011E #3	
•			□ Remove
		LEESBURG, FL, 34788	
			■ Change
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			Change

•	
	<del></del>
(If an el Note:	tive date, if other than the date of filing:
b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	March Co. 2019.
	Ma hum  Signature of a member or authorized representative of a member
	ANA KAROVSKA VUCHIDOLOV

Page 3 of 3

Filing Fee: \$25.00