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153 65:

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

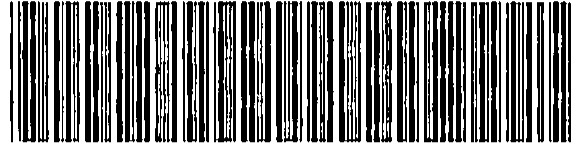
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

2022 NOV 28 AM 8:00

FILED

2/8/23

V-LX1

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PHYSICIANS PROFESSIONAL ALLIANCE, 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:

Kim Gromalski

\_\_\_\_\_  
Name of Person

Physicians Professional Alliance, LLC

\_\_\_\_\_  
Firm/Company

519 Medical Oaks Avenue

\_\_\_\_\_  
Address

Brandon, FL 33511-5961

\_\_\_\_\_  
City/State and Zip Code

physiciansprofessionalalliance@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Gromalski

813

684-6006

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for 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)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PHYSICIANS PROFESSIONAL ALLIANCE, LLC

(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 06/05/2020 and assigned  
Florida document number L20000153653.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

519 Medial Oaks Avenue

Brandon, FL 33511-5961

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

519 Medical Oaks Avenue

Brandon, FL 33511-5961

FILED  
2022 NOV 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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:

In Soon Park, M.D.

New Registered Office Address:

519 Medical Oaks Avenue

*Enter Florida street address*

Brandon

*City*

Florida

33511-5961

*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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
MGR	Gopal S Grandhige, Dr.	519 Medical Oaks Avenue	<input type="checkbox"/> Add
		Brandon, FL 33511-5961	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	In Soon Park, M.D.	519 Medical Oaks Avenue	<input checked="" type="checkbox"/> Add
		Brandon, FL 33511-5961	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.) Pursuant to 605.0207 (3)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00