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COVER LETTER

TO: Registration Se Division of Con			
RICHARD	M. PIANTI, D.O., PLLC.		
	Name of Lim	aited 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	<u>.</u>
	THE MEDI LAW FIRM		
		Firm/Company	
	2151 S LEJEUNE ROAL	D #306	
		Address	
	CORAL GABLES, FL, 33	3134	
		City/State and Zip Code	
	INFO@THEMEDILAWFII		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
MAX ADAMS		305 444-3484	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	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:

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

RICHARD M. PIANTI, D.O., PLLC.		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	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	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	201 SE 2nd Ave, Apt 1716	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131	<u>_</u> 9
		SEC YISIO
Enter new mailing address, if applicable:	201 SE 2nd Ave, Apt 1716	FILE RETARY N OF CO
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33131	P POD
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		44.44.44
	Enter Florida street address	
	, Florida	7:C. J.
	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

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	RCHARD M PIANTI	201 SE 2nd Ave, Apt 1716	☐ Add
		Miami, FL 33131	☐ Remove
			■ Change
		***************************************	□ Add
			☐ Remove
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Effective date, if other than	the date of filing:			(option	nal)	
Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not meet	the applicable	ate of filing or more statutory filing	e than 90 days after fi requirements, this c	ling.) Pursuant to 605 date will not be liste	.0207 ed as 1
the record specifies a dela The 90th day after the		, but not a	n effective tir	ne, at 12:01 a.	m. on the earlie	er of:
Dated MAY 3	20	018				
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		*	d representative o			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00