

L19000 06A 399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

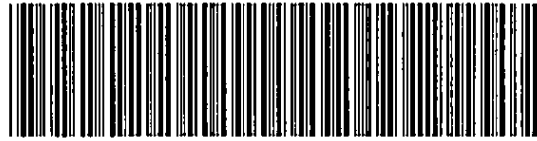
(Document Number)

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FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
19 DEC -3 PM 5:06

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DEC 11 2019

D CUSHING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2019

NORTH POINT MEDICAL LLC
111 N 2ND ST., STE 102
FORT PIERCE, FL 34950

SUBJECT: NORTH POINT MEDICAL LLC
Ref. Number: L19000064399

We have received your document for NORTH POINT MEDICAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit the complete application. You are missing page 2.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 119A00023646

2019 DEC -3 PM 12:14

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

NORTH POINT MEDICAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED IN THE OFFICE OF THE CLERK OF THE SUPREME COURT OF THE STATE OF FLORIDA
19 DEC -3 10 5:06

The Articles of Organization for this Limited Liability Company were filed on 03/06/2019 and assigned Florida document number 119000064399.

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)

111 N 2ND ST
STE 102
FORT PIERCE, FL 34950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 N 2ND ST
STE 102
FORT PIERCE, FL 34950

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: Tara Ostrowski

New Registered Office Address: 111 N 2ND ST, STE 102

Enter Florida street address

FORT PIERCE, Florida 34950

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Raheel Naviwala	124 N 2nd St, STE 8	<input type="checkbox"/> Add
		Fort Pierce, FL 34950	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tara Ostrowski	111 N 2nd St	<input checked="" type="checkbox"/> Add
		STE 102	<input type="checkbox"/> Remove
		Fort Pierce, FL 34950	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

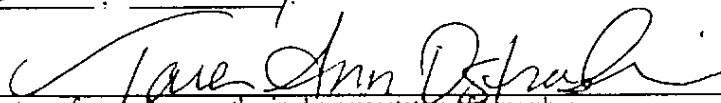
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated October 27, 2019



Signature of a member or authorized representative of a member

Tara Ostrowski

Typed or printed name of signee