

LD2000028969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

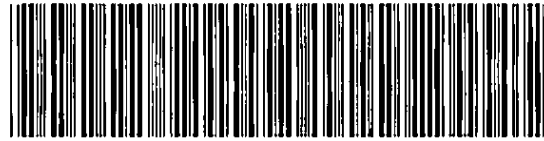
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000379583940

FILED

2022 JAN 31 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2022 JAN 31 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS

FEB 01 2022

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 1/31/2022

**\*\*WALK IN\*\***

ENTITY NAME NIGHT LITE PEDIATRIC CENTER INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 5500

ACCOUNT # 120160000072

*Eric J. W.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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

2022 JAN 31 AM 10:17

NIGHT LITE PEDIATRIC CENTER, LLC

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

STATE OF FLORIDA  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on October 30, 2002 and assigned Florida document number L02000028969.

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)

1301 Concord Terrace

Sunrise, Florida 33323

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1301 Concord Terrace

Sunrise, Florida 33323

**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:

CT CORPORATION SYSTEM

New Registered Office Address:

1200 South Pine Island Road

*Enter Florida street address*

Plantation

*City*

, Florida 33324

*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.*



Lisa DuBois - Assistant Secretary

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	Pediatrix Medical Group of Florida, Inc.	1301 Concord Terrace	<input checked="" type="checkbox"/> Add
		Sunrise, Florida 33323	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Ayodeji B. Otegbeye	5900 S. John Young Parkway	<input type="checkbox"/> Add
		Orlando, Florida 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Vivek S. Desai	5900 S. John Young Parkway	<input type="checkbox"/> Add
		Orlando, Florida 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Oludapo F. Soremi	5900 S. John Young Parkway	<input type="checkbox"/> Add
		Orlando, Florida 32839	<input checked="" 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.)**

The following article is deleted in its entirety: ARTICLE IV - MANAGEMENT

[illegible]

E. Effective date, if other than the date of filing: January 31, 2022 (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 January 31, 2022

D-945

Signature of a member or authorized representative of a member

Dominic J. Andreano

Typed or printed name of signee

**Filing Fee: \$25.00**