

LO2000028969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

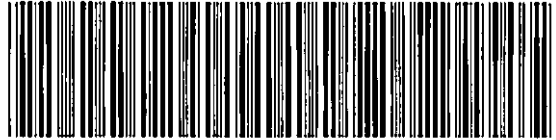
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



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FILED
2024 SEP -4 AM 9:17
TALLAHASSEE, FLORIDA

RECEIVED
2024 SEP -4 PM 3:13
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 09/04/24
Order #: 1608274-1
Re: Night Lite Pediatric Center, LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the signature line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$60.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Night Lite Pediatric Center, 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:

Craig Bloom

Name of Person

PM Pediatrics Management Group, LLC

Firm/Company

One Hollow Lane, Suite 301

Address

Lake Success, NY 11042

City/State and Zip Code

Legal@pmpediatrics.com

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

For further information concerning this matter, please call:

Miriam Dubin

516 207-7889
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**

FILED

2024 SEP -4 AM 9: 17

Night Lite Pediatric Center, LLC

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

**CLERK OF STATE
TALLAHASSEE, FLORIDA**

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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	Pediatrics Medical Group of Florida	1301 Concord Terrace	<input type="checkbox"/> Add
		Sunrise, Florida 33323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PM Pediatrics Management Group.	One Hollow Lane, Suite 301	<input checked="" type="checkbox"/> Add
		Lake Success, NY 11042	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Adding a new article as follows:

ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more members and is, therefore, a member-managed company.

FILED
2024 SEP -4 AM 9:17
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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 August 20, 2024

Craig Bloom

AR50AB97142257K-07214882B430C45

Signature of a member or authorized representative of a member

Craig Bloom, Secretary

Typed or printed name of signer