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J SHIVERS

COVER LETTER

TO: Registration Se Division of Cor		•		
	SALKIND	& GLUCK MD, LLC		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ondence concerning this matter t	o the following:		
	KYLIE WAGENET			
		Name of Person		
	3225 AVIATION AVENUE			
		Firm/Company		
	Firm/Company SUITE 700			
		Address		
	MIAMI, FL. 33133			
		City/State and Zip Code		
	KWAGENET@FEMWELL			
	E-mail address: (t	o be used for future annual rep	port notification)	
For further information of	concerning this matter, please ca	ill:		
KYLIE WAGENET		305 at ()	273-4641 EXT. 9-114	
Name (of Person	Area Code	273-4641 EXT. 9-114 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)	Certificate of Status &	

TO:

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

SALKIND & GLUG	•			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL04000020850	were filed on	MARCH 11, 2004	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company h	ere:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the o	designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:	0050 011 54 0	D. OLUMB AAAA		
(Principal office address MUST BE A STREET ADDRESS)	8950 SW 74 CT, SUITE 2001 MIAMI, FL., 33156			
5.4				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		n our records, <u>enter</u>	the name of the	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	rida 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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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an effective da	te is listed, the date	must be specific an is block does not:	d cannot be prior		r more than 90 da	ays after filing.) Pur	
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Filing Fee: \$25.00