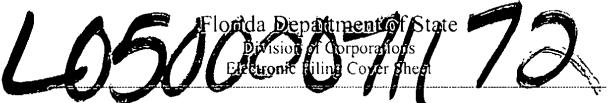
2/17/23, 11:29 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MILAM HOWARD, ET.AL.

Account Number : I20000000206 Phone : (904)357-3660 Fax Number : (904)357-3661

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

bshaffer@milamhoward.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN[©] CALADIUM PEDIATRICS, P.L.

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000062970 3)))

ty Company as it now appears on our records.) Limited Liability Company)	
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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.

02/17/2023 09:33 AM

TO:18506176383 FROM:9043573661

Page: 4

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

(((H23000062970 3)))

Title	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
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cord specifics a delayed effective s filed.	date, but not an effect	tive time, at 12:01	a.m. on the earlier of	: (b) The 90th day after the
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	the hour	L		
<u> </u>	Signature of a member of	r authorized represe	ntative of a member	

Filing Fee: \$25.00