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SECRETARY OF STATE



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EXAMINER

COVER LETTER

Hunt Club Medical Associates 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: Euribiades Cerrud II, Esq Name of Person Firm/Company 1969 South Alafaya Trail, PMB 317 Address Orlando, Florida 32828-8732 City/State and Zip Code cerrudlaw@gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Euribiades Cerrud II, Esq. 758-6100 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **¬\$30.00** Filing Fee & \$55.00 Filing Fee & 1 \$60.00 Filing Fee, Certified Copy Certificate of Status & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2010

EURIBIADES CERRUD II, ESQ CERRUD LAW PLLC 1969 SOUTH ALAFAYA TRAI, PMB 317 ORLANDO, FL 32828-8732

SUBJECT: HUNT CLUB MEDICAL ASSOCIATES LLC

Ref. Number: L05000121445

We have received your document for HUNT CLUB MEDICAL ASSOCIATES 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):

The specific purpose of the entity must be set forth in the document.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 610A00015913

ARTICLES OF AMENDMENT TO V ARTICLES OF ORGANIZATION OF

Hunt Club Medical Associates LLC (Name of the Limited Liability Company as It now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ___December 21, 2005_ and assigned Florida document number <u>L05000121445</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: South Orlando Pediatrics PLLC The new name must be distinguishable and end with 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: lew Registered Office Address: Enter Florida street address Florida

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager * Anaging Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title **Name Address** Type of Action Remove ☐ Add Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) - Mrs professional limited liability company <u>June 2</u>3 Dated_ Signature of a member or authorized representative of a member

Evelyn Pedrosa, M.D.
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00