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AUG 1 0 2020 S. YOUNG

COVER LETTER

***	tion Section of Corporations
SUBJECT:	Robert J. Casanas, MD, LLC Name of Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
•	Name of Person
	Name of Person
	Giovince Law
	1011 W. Bezy Street, Stc. 2B
	Tampa F 33 Lecie City/State and Zip Code
	E-mail address; (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
lan	Society P. A. at (813) Society Supplier Telephone Number Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
\$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing . Registra	Address: Street Address: Ation Section Registration Section
Divisio	n of Corporations Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Koberi J. Ca	sources n	NO, LLC B	
(Name of the Limited Liability Co	ompany as it now appears ited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>Lococo 3989</u> This amendment is submitted to amend the following:	•	4 18 > 600 and assigned	
. A. If amonding name entay the new name of the limited	liability gammany har	σ·	
A. If amending name, enter the new name of the limited	naminy company ner	<u>.u.</u> :	
The new name must be distinguishable and contain the words "Limited"	Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>S)</u>		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our re	cords, <u>enter the name of the new regis</u> t	<u>tei</u>
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Flori	da street address	
	City	, Florida Zin Code	_
	City	zip Coae	

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Casanas, Robert J	9825 Ruy Island Dr	□Add
•		Tampa, FL 33615	Remove
			Change
AMBR	Casaras, Beada	91825 Bay Island	rive sadd
		Tampa, FL 3361S	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
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			□Remove
			□Change

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Effe	ctive date, if other than the date of filing: (optional)
Note	ctive date, if other than the date of filing:
	ord 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 filed.
Date	d June 23 , 2020.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

TO