

LD6000064827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

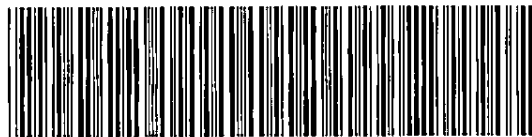
(Business Entity Name)

(Document Number)

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T GLASS
MAY 20 2019

Holland & Knight

Requester's Name

315 South Calhoun Street, suite 600

Address

Tallahassee, FL 32301 (850)425-5686

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Central Florida Internal Medicine Associates, P.L.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

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☐ Certified Copy

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☐ Will wait

☐ Photocopy

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Central Florida Internal Medicine Associates, P.L.

(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 June 23, 2006 and assigned
Florida document number L06000064827.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Central Florida Internal Medicine Associates, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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AND
FILED
2019 MAY 17 AM 8:23
CLERK OF CIRCUIT COURT
IN AND FOR
THE COUNTY OF
FLORIDA

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

Title	Name	Address	Type of Action
vp	Nelson Pichardo	6675 Westwood Blvd. Suite 475	<input type="checkbox"/> Add
		Orlando, Florida 32821	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
COO	Patricia Pichardo	6675 Westwood Blvd. Suite 475	<input type="checkbox"/> Add
		Orlando, Florida 32821	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eduardo Canto, M.D.	6675 Westwood Blvd. Suite 475	<input type="checkbox"/> Add
		Orlando, Florida 32821	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Joseph Walter	6675 Westwood Blvd. Suite 475	<input type="checkbox"/> Add
		Orlando, Florida 32821	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 2018 MAY 17 AM 8:23
 CLERK OF DISTRICT COURT
 14100 N. 15th Ave
 Suite 100
 Miami, FL 33181

FOR THE
RECORD

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ECG: 12 LEAD
MAY 17 2019

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 5/17, 2019

Signature of a member or authorized representative of a member

Armando Cremata

Typed or printed name of signee