

LD6000073405

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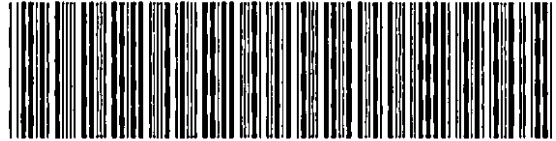
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TALLAHASSEE, FLORIDA
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7/6/2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
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Date: 07/05/2022

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Name:	YOGESH RANPARIYA, M.D., L.L.C.
Document #:	
Order #:	14426131

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Thank you!

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

YOGESH RANPARIYA, M.D., L.L.C.

2022 JUL -5 PM 12:41

(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 07/24/2006 and assigned
Florida document number 106000073405.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

3030 N. ROCKY POINT DR.

SUITE 825

TAMPA, FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3030 N. ROCKY POINT DR.

SUITE 825

TAMPA, FL 33607

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: C T CORPORATION SYSTEM

New Registered Office Address: 1200 SOUTH PINE ISLAND ROAD

Enter Florida street address

PLANTATION, Florida 33324

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.

/s/Amy Berteletti, Vice President

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Best Value Intermediate II, LLC	3030 N. ROCKY POINT DR.	<input checked="" type="checkbox"/> Add
		SUITE 825	<input type="checkbox"/> Remove
		Tampa, FL 33607	<input type="checkbox"/> Change
MGR	M.D., Ranpariya, Yogesh	6551 Ridge Road, Suite #2	<input type="checkbox"/> Add
		Port Richey, FL 34668	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article IV of the Articles of Organization of the Limited Liability Company is hereby amended to read as follows:

"The Company may engage in any activity authorized by the Florida Revised Limited Liability Company Act."

Article V of the Articles of Organization of the Limited Liability Company is hereby amended to read as follows:

"The Company shall be a member-managed limited liability company."

E. 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 July 5, 2022 2022

/s/ Alan Lelkowitz

Signature of a member or authorized representative of a member

Alan Lelkowitz, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00