

h07000053641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

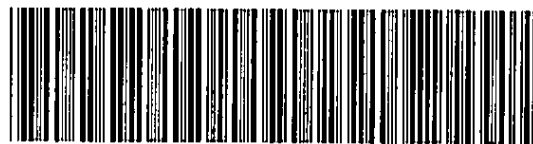
(Business Entity Name)

(Document Number)

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TALLAHASSEE

FOR FILING

D. BRUCE  
JUN 11 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LA Podiatry Group, 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:

Arthur Hansen

Name of Person

LA Podiatry Group, LLC

Firm/Company

2326 S Congress Ave, Suite 1A

Address

West Palm Beach, FL 33406

City/State and Zip Code

cramos@lamedicalpb.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Ramos

561 801-1223  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. M. ...  
Tallahassee, FL 32310

2021 APR 13 AM 7:06  
TALLAHASSEE  
DIVISION OF CORPORATIONS  
FILED

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

LA Podiatry Group, 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 May 18, 2007 and assigned  
Florida document number L07000053641.

This amendment is submitted to amend the following:

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

LA Medical 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:**

2326 S Congress Ave, Suite 1A

**(Principal office address MUST BE A STREET ADDRESS)**

West Palm Beach, FL 33406

**Enter new mailing address, if applicable:**

2326 S Congress Ave, Suite 1A

**(Mailing address MAY BE A POST OFFICE BOX)**

West Palm Beach, FL 33406

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

21 APR 13 17:00  
FALLS CHURCH  
FALLS CHURCH

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

2011 APR 13 11:11 AM  
FALLS CHURCH, VA

2021 APR 13 AM 7:01  
FALLA

75

**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 April 12 2021

Signature of a member

Arthur Hansen

Typed or printed name of signee