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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	CHILDREN	'S SPECIALISTS PEDIATE	RIC PULMONOLOGY OF FLØ	RIDA, LL C
and and and an		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for tiling	
		idence concerning this matter	-	
r rease return	an correspor	dence concerning this matter	to the following:	
		Benjamin J. Cottrell, Jr.		
			Name of Person	
		Cottrell Tax & Accountin	g, LLC	
			Firm/Company	
		5147 Castello Dr.		
			Address	
		Naples, FL 34103		
		admin@cottrelltax.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report not	tification)
For further in	iformation co	ncerning this matter, please ca	ill:	
B.J. Cottrell			239 449-4881	
	Name of	Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

· TO:

Registration Section

★ MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHILDREN'S SPECIALISTS PEDIATRIC PULMONOLOGY OF FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

· <u></u>	(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited I Florida document number L07000074306	Jability Compan	y were filed on <u>07/18/2007</u>	and assigned
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name of	of the limited lial	bility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)	.	
Enter new mailing address, if applicable:		12748 University Dr.	SEP 21
(Mailing address MAY BE A POST OFFICE	BOX)	Fort Myers, FL 33907-5634	PH 2
B. If amending the registered agent and registered agent and/or the new registered of			50 RIE
Name of New Registered Agent:	Cottrell Tax 8	Accounting, LLC	
New Registered Office Address:	5147 Castello		
	Naples	Enter Florida street address Flori	da <u>34103</u>
		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>	Type of Action
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			9/18/2018					
ffective date, if other an effective date is listed, the	he date must be sp	ecific and cann	ot be prior to d	ite of filing or me	ore than 90 days	o ptional) after filing.) Pi	irsuant te	o 605.02
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ated	118/18	<u></u>	·	_				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00