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	To:	Division of Corporations Fax Number : (850)617-6383	l	
	From: ℃ ₩40	Account Name : VENERABLE COR Account Number : I20210000107 Phone : (813)284-4727 Fax Number : (813)436-8460		/ICES, LLC
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TO: **Registration Section**

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Division of Corporations
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PULMONARY GROUP OF CENTRAL FLORIDA, L.L.C.

SUBJECT:

);

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.

JASON SAMPSON

Name of Person

Venerable Corporate and Trust Services, LLC

Firm/Company

301 West Platt Street, No. 657

Address

Tampa FL 33606

City/State and Zip Code

jsampsou@venerable.law

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

For further information concerning this matter, please call:

Jason Sampson

813 284-4727 at (____ Daytime Telephone Number Name of Person Area Code

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$50.00 Filing Fee, Certificate of Status & Certified Copy (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. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

PULMONARY GROUP OF CENTRAL FLORIDA, L.L.C.

(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 ______ and assigned ______ and assigned ______ E08000052560

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BON)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

	VENERABLE CORPORATE AND TRUST S	ERVICES.LLC		
Name of New Registered Agent:				<u> </u>
New Registered Office Address:	301 W PLATT ST NO. 657		<u>ب</u>	
	Enter Hiorida street addre		8	
	Tampa , F	33606 Iorida	•••	
	(<i>inv</i>	Zip	Cade	

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.

Jason Sampson If Changing Registered Agent, Signature of New Registered Agent

H23000421624 3

H23000421624 3

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGRM	<u>Name</u> DIAZ, JOSE M.D.	<u>Address</u> 1038 W. North Blvd	Type of Action
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D. If amending any other information, enter change	e(s) here: (Attach additional sheets,	if necessary.)
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	December 11						
	December II		2023				

JASON SAMPSON

Typed or printed name of signee