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(Requ	uestor's Name)	1
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(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	





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SECULTATION OF SHALL SECTIONS

2022 AUG 30 AM 10: 58

AL BUTLER AUG 3 1 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MEDISERY INFUSION, LLC

2022 AUG 30 AM 11: 27

(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
to be the least of	ited Liability Company) ALLAGE STATE 07/14/2008	ادد
he Articles of Organization for this Limited Liability Compa	any were filed on and assign and assign	ea
orida document number 1.08000067609		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited b	liability company here:	
ne new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "LLC	
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
nter new mailing address, if applicable;		
Aailing address MAY BE A POST OFFICE BOX)		_
. If amending the registered agent and/or registered offi	ice address on our records, enter the name of the new ro	egiste
gent and/or the new registered office address here:		
None of New Davidson America		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	r,njer r torida street daaress	
	, 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 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>	Address	Type of Action
AMBR	FLORIDA MEDICAL SPECIALISTS, LLC	3030 N. ROCKY POINT DR.	∄Add
		SUITE 825	□Remove
		Tampa, FL 33607	_
MGR	Prakash Patel	3030 N. ROCKY POINT DR.	
		SUITE 825	5
		Tampa, Ft. 33607	_
MGR	John DiGiovanni	3030 N. ROCKY POINT DR.	□Add
		SUITE 825	≣ Remove
		Tampa, FL 33607	□Change
			□Remove
		·	□Change
			□Add
			□Remove
		- 	□ Change
			□Add
			□Remove
			□Change

"6. Management. The Limited	Liability Comp	any shall be a	member-manag	ed limited liabilit	y company."	
						
						_
						
						
					-1	
						
						
					 -	
						
				<u></u>		
						
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not mee	et the applicab	date of filing or notes that the statutory filing	ore than 90 days af g requirements, t	tional) fer filing.) Pursuant to his date will not be	605.0207 listed as
; record specifies a delayed effective rd is filed.	date, but not an	effective tim	e. at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
Dated August 29		2022	. ·			
/s/ Thomas Whytas			zed representative			_

Filing Fee: \$25.00