

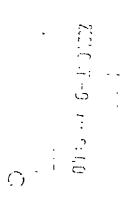
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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09/10/24--01013--008 ++52.50





September 19, 2024

JEREMY SMITH 1769 66TH ST. N ST. PETERSBURG, FL 33710

SUBJECT: ALAN A. SMITH, MD, LLC

Ref. Number: L08000078684

We have received your document for ALAN A. SMITH, MD, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

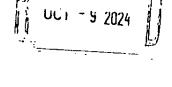
The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

Letter Number: 724A00021054



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: A A SY	mith MD LLC ed Liability Company
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
	Name of Person
A	Firm/Company
	GCT SI. N Address
<u></u>	City/State and Zipleode
E-mail address: (to	o be used for future annual report notification)
For further information concerning this matter, please ca	II:
Jereny Smith Name of Person	at (737) 244 - 0150 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
-	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ Certified Copy
* Aready Sent in Check f	(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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alan A. Smith MD. LLC

(<u>Name of the Limited L.</u> (A F	iability Company as it lorida Limited Liability	now appears on Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>LOSCOO786</u>	ity Company were f	iled on \s /	18/2008	and assigned
This amendment is submitted to amend the following	ığ:			
A. If amending name, enter the new name of the	limited liability co	mpany here:		
The new name must be distinguishable and contain the words	"Limited Liability Com	pany," the design	ration "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable	·:			- `}
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:				: .
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	-,	()	, (;
B. If amending the registered agent and/or regis agent and/or the new registered office address he	ere:			
Name of New Registered Agent:	Jeany	Sm.Th	MD	
New Registered Office Address:	1769	Lo Le Ph Enter Florida s	St. N treet address	33.778 Zip Gode
_	St. Peterl	bug -	, Florida _	33 7 / 8 Zip Code
New Registered Agent's Signature, if changing Regis	stered 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>	Name	Address	Type of Action
CE <u>O/Own</u> er/	Dr. Jerenny Sm.th	1111 17th Are N.	īZAdd
1.	(r), (com f	St. Peterby, Fl 33704	□Remove
			□ Change
Vic <u>e Presi</u> dni	Dr. Alan Smith	4035 43° St. S.	□Add
		St. Petenberg, FL 33711	□Remove
			Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
On 8/1/24 Alon A. Sonita MD LLC mis sold
from Dr. Also Smith to Dr. Jerny Smith.
Attached is a copy of the signed membership
purchase agreement by both parties. The specific
udolendum recolaid is to change President/Owner/
Maryer/CEO title tron Dr Aka Sonin to
Do Jeany South. We also need to change
Dr. Alm Smith from Pasider to via Pasident
100% of issued street have been transcored
over form Dr. Alen Smith to Dr. Jeremy Jim, ty,
us Dr. Jearny Sm. 7h is now 100% owner
of Alan A. Smith MD LLC
E. Effective date, if other than the date of filing:
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 October 3 Signature of a member or authorized representative of a member
Alya Smin (Former Come) Jerry Smin (-Ver Come) Typed or printed name of signee