# LOS 000 111218

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
` ^ ' ' '
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<del></del>
Special Instructions to Filing Officer:

Office Use Only



700369370047

1.11.1.1.11.11.11

2021 JUL -6 PH 1-00

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Central Florida Medical Directors, UC 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:
Britany Gray Name of Person
CFP Physician Group
985 State Road 436
Casselberry Fl 32707  City/State and Zip Code  By i Hany a vay a Cfpg ( Lam  E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call:
Britany Gray  at (40) 831-5252  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    \$\Begin{array}{c c c c c c c c c c c c c c c c c c c
Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 1214 Florida document number LOB COOIII ZI 8 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 BOX) 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

### 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
mar	Adrian L. Burrones	985 State Road 436	□Ađd
		Casselberry, FL 3270	P □Remove
			Delichange
AMBR	Venkatesh P. Nagalapadi	985 State Pood 436	<b> X</b>  Add
	Nagalapadi	Casselberry, PC 3270	□Remove
			□Change
AMBIR	Axila Balasubvamania	n 985 State Road 436	15 <b>/</b> 24dd
		Casselberry, Fl 32707	□Remove
			GChange
			— □¥qq — ===================================
			Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change

			•		
					<del>-</del>
· · · · · · · · · · · · · · · · · · ·	<del></del>		<del></del> _		
					<del></del>
-					وح
	<del></del>	······································			2697
				<u> </u>	رال:
					6-6
		· · · · · · · · · · · · · · · · · · ·			PH
	<del></del>			·	<del></del>
				• • •	
					•
<del></del>			·		<del></del>
	n the date of filing: _	nnot be prior to date o	f filing or more than 90 a	(optional) days after filing ) Pur	suant to 605 02
fective date, if other tha	his block does not mee	t the applicable sta	tutory filing requirem	ents, this date will	not be listed
ote: If the date inserted in t					
ote: If the date inserted in t		e's records.			
ite: If the date inserted in temperature of the cument's effective date on	the Department of State		2:01 a m on the engli	iar of: (b) The 90	th day after th
ote: If the date inserted in temperature of the cument's effective date on ecord specifies a delayed effective and specifies and the cumple of the cumple	the Department of State		2:01 a.m. on the earli	ier of: (b) The 90	th day after th
ote: If the date inserted in temperature of the cument's effective date on ecord specifies a delayed effective and specifies and the cumple of the cumple	the Department of State		2:01 a.m. on the earli	ier of: (b) The 90	th day after th
ote: If the date inserted in to cument's effective date on ecord specifies a delayed efficient.	the Department of State		2:01 a.m. on the earli	ier of: (b) The 90	th day after th
ote: If the date inserted in to cument's effective date on ecord specifies a delayed efficient.	the Department of State		2:01 a.m. on the earli	ier of: (b) The 90	th day after th
fective date, if other that an effective date is listed, the date is listed. The date inserted in the cument's effective date on ecord specifies a delayed efficient is filed.	the Department of State fective date, but not an	effective time, at 1	2:01 a.m. on the earli		th day after th

Filing Fee: \$25.00