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COVER LETTER

gistration Section , avision of Corporations

TOON, MD AND ASSOCIATES, LLC

JECT:

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:

-	Doris R. Muscarella, Parale	eval	
		Name of Person	
	Unified Physician Manage	ment	
		Firm/Company	
	1501 Yamato Road, Suite	200W	
		Address	
	Boca Raton, Florida 33431		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	doris.muscarella@unifiedho	com	
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	nH:	
Doris R. Muscarella		561 300-2410 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Page 1 of 3

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
			□ Add
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<u>:</u> If	the date inserted in this block does not meet	the applicable statutory filing requirement	nts, this date will not be liste
meni	t's effective date on the Department of State'	's records.	
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	Signature of a memb	per or authorized representative of a member	%35 · · · · ·
	Doris R. Muscarella		Tion on the second

Page 3 of 3

Filing Fee: \$25.00