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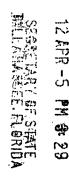
| (Requestor's Name) | | | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
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| L. S ELLERS | | | | | | | | |

Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporation | | 5u · | ** | 3.87 2.87 2.87 | ** ₅ .y ₆ | • • | | | | |
|---|--|---------------------------------------|-----------------|---|----------------------|---------------------------------|---|----|--|--|--|
| SUBJE | CT: | Kwabena Ar | | | PLLC | | · · · · · · · · · · · · · · · · · · · | | | | |
| | Name of Limited Liability Company | | | | | | | | | | |
| The end | closed Articles of Amendm | ent and fee(s) are s | ubmitted for | filing. | | | | | | | |
| Please 1 | return all correspondence c | oncerning this matt | er to the follo | owing: | | | | | | | |
| | | | Kwabena | a Ampons | ah | | _ | | | | |
| | - 1 | • | Name | of Person | | | | | | | |
| Kwabena Amponsah PA-C PLLC | | | | | | | | | | | |
| | | | Firm | /Company | | | | | | | |
| 7590 Cranes Creek Court | | | | | | | | | | | |
| | | | Α | ddress | | | | | | | |
| Winter Park FL, 32792 | | | | | | | | | | | |
| | | 1.0 | • | and Zip Code | | | | | | | |
| Kamponsahpllc@yahoo.com E-mail address: (to be used for future annual report notification) | | | | | | | | | | | |
| For furt | her information concerning | g this matter, please | call: | | | | | | | | |
| · · · · · | Kwabena An | nponsah | at (| 937 | | 02-2068 | | | | | |
| | Name of Person | | | Area Co | de & Daytime T | 'elephone Numb | er | | | | |
| Enclose | ed is a check for the follow | ing amount: | | | | | | | | | |
| \$25. | | .00 Filing Fee & ertificate of Status | Cer | 00 Filing Fee tified Copy ditional copy | & is enclosed) | Certifie | iling Fee, ate of Status & d Copy nal copy is enclosed | l) | | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2012

KWABENA AMPONSAH 7590 CRANES CREEK COURT WINTER PARK, FL 32792

SUBJECT: KWABENA AMPONSAH PA-C PLLC

Ref. Number: L11000051412

We have received your document for KWABENA AMPONSAH PA-C PLLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 612A00010073

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Kwa | bena Ampo | nsah PA-C PI | LLC | · · · · · · · · · · · · · · · · · · · |
|---|---------------------------------------|---|-------------------------------------|--|
| (Name of the Limite | d Liability Comp A Florida Limited | any as it now appea Liability Company) | irs on our records.) | |
| The Articles of Organization for this Limited in Florida document numberL1100005 | Liability Compan | | | and assigned |
| This amendment is submitted to amend the fol | llowing: | | | |
| A. If amending name, enter the new name | of the limited lia | bility company he | <u>re</u> : | |
| Kwa | abena Ampon | sah PA-C, PLL0 | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Lin | nited Liability Comp | any," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if appli | icable: | N/A | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | |
| | | | | |
| Enter new mailing address, if applicable: | | N/A | | |
| Mailing address MAY BE A POST OFFICE | E BOX) | - | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | | our records, <u>enter tl</u> | econolis |
| Name of New Registered Agent: | N/A | | | 72 70 70 70 70 70 70 70 70 70 70 70 70 70 |
| New Registered Office Address: | N/A | Г. | nter Florida streekaddr | Gi j |
| | | El | nter Florida street daar Florida | |
| , | | City | Z Z | Z p 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Address Name **MGRM** Dr. Daniel Amponsah 7590 Cranes Creek Court | ✓ Add Winter Park, FL 32792 Remove N/A ☐ Add Remove ☐ Add ☐ Remove Add Remove ∐Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The LLC has gone from a Single Member LLC to a Multiple Member LLC with the addition of Daniel Amponsah M.D. as a partner. In addition, the "Purpose for which the Limited Liability Company is organized is:" now Medical and Surgical Services. March 20 2012 Dated Signature of a member or authorized representative of a member Kwabena Amponsah Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00