L19000199454

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 076350000363
Phone : (800)221-2972
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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19 JUN 28 PM 2:43

2019 JUN 28 PM 12:47

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

UWH, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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JUL 01 2019

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

UWH, PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/30/2011 and assigned Florida document number L11000099754.

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)

2019 JUN 28 PM 2:17
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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

City, Florida 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 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

Title	Name	Address	Type of Action
MGR	WINNIE SOUFI, MD	1501 YAMATO RD STE 200 W BOCA RATON, FL 33431	☐ Add ■ Remove ☐ Change
MGR	MICHELLE HORVATH, MD	1501 YAMATO RD STE 200 W BOCA RATON, FL 33431	☐ Add ■ Remove ☐ Change
MGR	STEVEN A SUBA, MD	1501 YAMATO RD STE 200 W BOCA RATON, FL 33431	■ Add ☐ Remove ☐ Change
MGR	ANDREW SHIMMER, MD	1501 YAMATO RD STE 200 W BOCA RATON, FL 33431	■ Add ☐ Remove ☐ Change
MGR	MITCHELL NUDELMAN, MD	1501 YAMATO RD STE 200 W BOCA RATON, FL 33431	■ Add ☐ Remove ☐ Change
MGR	MICHAEL MALLORY, MD	1501 YAMATO RD STE 200 W BOCA RATON, FL 33431	■ Add ☐ Remove ☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2019 JUN 28 P1:12:47

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E. **Effective date, if other than the date of filing:** _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 6/27/2019

DocuSigned by
Dr. Michael Mallory

Signature of a member or authorized representative of a member

Dr. Michael Mallory

Typed or printed name of Signee

Filing Fee: $25.00