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SECRETARY OF STATE
AHASSEE FLORID

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## **COVER LETTER**

	Registration Sec Division of Corp			
CUD ID		. URBANDT M.D. LLC		
SUBJEC	.1:	Name of Limited	Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are submitt	ed for filing.	
Please re	eturn all correspon	idence concerning this matter to t	he following:	
		PABLO A. URBANDT		
			Name of Person	
			Firm/Company	
		9025 SW 150 AVENUE	<b>.</b>	
			Address	······································
		MIAMI FL 33196		
			City/State and Zip Code	<del></del>
		urbandt@bellsouth.net		<u> </u>
		E-mail address: (to b	e used for future annual report notifical	tion)
For furth	er information co	incerning this matter, please call:		
PABLO A. URBANDT 786 229-7305				
	Name of	Person	Area Code Daytime Te	elephone Number
Enclose	d is a check for the	e 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 (additional copy is enclosed)

### 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARIO A LIPRANIST MIDILLO

ABEO A. ONBANDT M.B. EEG		
( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	/ appears on our records.) npany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number L12000022164  This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited liability comp	oany here:	
PABLO A. URBANDT M.D. PLLC		
The new name must be distinguishable and end with the words "Limited Liability Compa	ny," the designation "LLC" or the abbre	eviation "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 here:  Name of New Registered Agent:  New Registered Office Address:	ress on our records, enter the	name of the new
City	Florida	Zin Cod5
New Registered Agent's Signature, if changing Registered Agent:	.ºORID	1255 1255 1255 1255 1255 1255 1255 1255

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
			Add	
			☐ Remove	
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MEDICAL DOCTOR	inge(s) here: (Attach additional sheets, if necessary.)
<del></del>	
C. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after
Dated November 18	2014
Signature of a mo	ember or authorized representative of a member
	yped or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE