

L13000086252

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TAMPA, FLORIDA

DEC 18 2015

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LONGWOOD PEDIATRICS LLC**

\_\_\_\_\_  
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:

JAGDISH AMBWANI

\_\_\_\_\_  
Name of Person

LONGWOOD PEDIATRICS

\_\_\_\_\_  
Firm/Company

1385 WEST SR 434 STE 206

\_\_\_\_\_  
Address

LONGWOOD FL 32750

\_\_\_\_\_  
City/State and Zip Code

jagdish.ambwani@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAGDISH AMBWANI

407 644-9970  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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  
(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**

LONGWOOD PEDIATRICS LLC

(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 06/14/2013  
Florida document number L13000086252

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TREASURY OF STATE  
FLORIDA

and assigned

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:

JAGDISH AMBWANI

New Registered Office Address:

1385 WEST SR 434, STE 206

Enter Florida street address

LONGWOOD

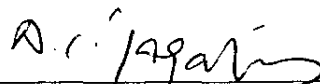
City

Florida 32750

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

| <u>Title</u> | <u>Name</u>     | <u>Address</u>    | <u>Type of Action</u>                   |
|--------------|-----------------|-------------------|---|
| MGR          | JAGDISH AMBWANI | 1385 WEST SR 434  | <input checked="" type="checkbox"/> Add |
|              |                 | STE 206           | <input type="checkbox"/> Remove         |
|              |                 | LONGWOOD FL 32750 | <input type="checkbox"/> Change         |
|              |                 |                   | <input type="checkbox"/> Add            |
|              |                 |                   | <input type="checkbox"/> Remove         |
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TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there is some faint, illegible handwriting or markings. The rest of the page is blank except for the lines.

**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.

Dated DECEMBER 15TH, 2015

Dolly Cbhm

DOLLY UBHRANI

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TALLAHASSEE, FLORIDA