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## **COVER LETTER**

TO:	Registration So Division of Cor				
		CS AND ADULT MEDICINE			
SUBJE	CI:	Name of Lim	ited Liability Company	a art ell erfordrak art enter ge genge gener elle elle elle elle elle elle elle	
The enc	lased Articles of	Amendment and fee(s) are sub	mitted for filing		
Please r	etum all correspo	ondence concerning this matter	to the following:		
		JERRY CIOCON			
		111-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Name of Person		
		GERIATRICS AND ADU	LT MEDICINE LLC		
			Firm/Company		
		320 S, STATE ROAD 7	STE # 300		<i>5</i> 1
	•		Address		ASS -
		PLANTATION FLORIDA	A 33317	rich Mai	OI I
		CIOCOND@AOL.COM	City/State and Zip Code		ෲ □ දා
		E-mail address: (	to be used for future annual report nor	themium)	35
For fur	her information c	concorning this matter, please c	all		
JERRY	CIOCON		954 536-6658 at ()		
	Name o	of Person		ne Telephone Number	-
Enclose	ed is a check for t	he following amount:			
<b>≅</b> \$25	.00 Filing Fee	□ \$30.00 Fiting Fee & Certificate of Status	S55.00 Filing Fee &     Certified Copy     (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$ Certified Copy (additional copy is	tatus &
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpt Clifton Building 2661 Executive C	rations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GERIATRICS AND ADULT MEDICIN								
(Name of the Limited Li- (A Flo	ability Compan orida Limited Li	iy as it now appears lability Company)	on our records.)		<del></del>			
The Articles of Organization for this Limited Liability Company were filed on 06/18/2013						igned		
lorida document number (173113713373777	<del></del>							
his amendment is submitted to amend the following	g:							
. If amending name, enter the new name of the	limited liabil	lity company her	<u>e</u> :					
ic new name must be distinguishable and contain the words."	Tamited Liabili	ty Company," the des	ignation "LLC" or the	abbicviat	icnus.	L.C.**		
nter new principal offices address, if applicable:	:				2			
Principal office address MUST BE A STREET AL	DDRESS)	320 S. STATE RO	DAD 7 STE#300	<u> (, )</u>	ري ا			
		PLANTATION I	FLORIDA 33317	[1](	- '	لنا		
				11. - L				
oter new mailing address, if applicable:				걸	بب 			
Sailing address MAY BE A POST OFFICE BOX	2	320 S, STATE RO	DAD 7 STE#300	``~``	Ú			
		PLANTATION FLORIDA 33317						
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office;</li> </ol>	egistered off	ice address on		er the n	anic	of tl		
Name of New Registered Agent:		<del>li tibili il </del>	7 - Harris H		<del>ini- ) ni p)</del>	<del></del>		
New Registered Office Address. 32	0 S. STATE R				······································	•••••••••••••••••••••••••••••••		
•		Enter Florid	a street address					
Pl	nend the following:  new name of the limited liability company here:  ad contain the wards "Lamited Liability Company," the designation "LLC" or the abbreviation of L.C."  ess, if applicable:  BE A STREET ADDRESS)  PLANTATION FLORIDA 33317  PLANTATION FLORIDA 33317  PLANTATION FLORIDA 33317  agent and/or registered office address on our records, enter the name of the registered office address here:  [Agent:							
	ment number 1.13000087819  ment is submitted to amend the following:  ling name, enter the new name of the limited liability company  must be distinguishable and contain the words "Lamited Liability Company  rincipal offices address, if applicable:  [lice address MUST BE A STREET ADDRESS]  PLANTA  pailing address, if applicable:    Planta	City		120	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 regords:

MGR = Manager AMBR = Authorized Member Address Type of Action Title Name □ Add □ Remove ☐ Change □ Remove □€hange S S S C \_□ ∧dd □ Remove \_E Change \_II Remove \_\_\_\_ [I] Change \_ 🗆 Add ☐ Remove

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