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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Wazni PLLC	
Name of Limited Liability	v Company
Name of Emilied Elabrid	y Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s	are submitted for filing.
Please return all correspondence concerning this matter to the follow	ving:
Grance Wazni MD	
Canac vazin, in	
Gamac Wazni M.D.	1
Wazni, PLLC	
Firm/Company	
Firm/Company	l .
*76.5 1 1	1
3810 Northale Blvd, Site 260 Address	1
Address	1
73121	
TAMPA FL 33624 City/State and Zip Code	
GAMAL. WAZNIQ UNITED	VETALLE
GAMAC: WHENE GOIL ILD	JEIN CENTERS. Com
E-mail address: (to be used for future annual report notification	nj 1
For further information concerning this matter, please call:	1
_	+
-A (a)47 .: 812	961 1331
JAMAL WAZNI at (813)	
Name of Person Are	a Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAIL!	NG ADDRESS:
	tion Section
	of Corporations
Clifton Building P.O. Box	к 6β27
	see, Florida 32314
Tallahassee, Florida 32301	\
Enclosed is a check for the following amount:	
Enclosed is a check for the following amount:	(200 LADY
☐ \$25 Filing Fee ☐ \$55 Fil	ing Fee & Certified Copy

INHS18 (2/14)

ARTICLES OF AMENDMENT TO

TO \
ARTICLES OF ORGANIZATION
OF S
Wazni, PLLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
1/2/2 5 50
The Articles of Organization for this Limited Liability Company were filed on and a second
Florida document number <u>L/3c0909</u> 0854
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: 300 no and date Blw.
(Principal office address MUST BE A STREET ADDRESS) Solite 260
TA CO 6 336.74
16/1/1/2011
3810 ONTWHERM
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) X(17-260)
idinger 1 55007
B. If amonding the registered egent and/or registered office address on our records enter the name of the name
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: WAZNI, Gamar, M.D.
New Registered Office Address: 38/0 North classe Blood Ste 260
$ \sim$ \sim \sim \sim \sim \sim \sim \sim \sim \sim
Florida
New Projectored Agent's Signature if changing Projectored Agent:
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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

	Authorized Person(s) authorized to ma	nage, enter the	title, name, and address of each person being added
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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	(warge-to:	Stute -	260 Blm, 260 Bchange
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	g any other informatio	n, enter chan	ge(s) nere: (A	пасн ааашо.	nai sneeis, ij nec	essary.)	
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Note: If the	date inserted in this block effective date on the Depa	does not meet	the applicable s				
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	specifies a delayed e		, but not an	effective ti	me, at 12:01 a	a.m. on the earli	er of:
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Dated	1/10	, <u>c</u>	2010	\ \			
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