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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	1
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COVER LETTER

Tallahassee, FL 32314

	Registration Sec Division of Corp		•		
eun ie <i>c</i>		KATZ, D.O.,P.L.			
SUBJEC	l: <u></u>	Name of Lim	ited Liability Company		
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspor	ndence concerning this matter	to the following:		
		ELLIOTT NOEL ZACK			
			Name of Person		
		PESETSKY & ZACK, P.A	Λ.		
			Firm/Company	 -	
		12550 BISCAYNE BLVD	., SUITE 800		
			Address		
		NORTH MIAMI, FLORIE	DA 33181		
			City/State and Zip Code		
		enzack@aol.com E-mail address: (to be used for future annual report n	notification)	
For further	er information co	oncerning this matter, please c	all:		
ELLIOT	T NOEL ZACK		305 940-0023		
	Name of	Person	at () Area Code Days	time Telephone Number	
Enclosed	is a check for th	e following amount:			
■ \$25.0	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		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
	P.O. Box 632		The Centre o		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RANDY S. KATZ, D.O.,P.L.		
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li		and assigned
Florida document number L13000095870		
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
RANDY S. KATZ, DO, PL		
The new name must be distinguishable and contain the w	vords "Limited Liability Company." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
B. If amending the registered agent and/or tagent and/or the new registered office addre	registered office address on our records, <u>enter the na</u> <u>ss here</u> :	me of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
	 		
			□Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
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effective date is list te: If the date inse	ed, the date must be speci rited in this block does	ific and cannot be pri s not meet the app	or to date of filing licable statutory	or more than 90 days filing requirements	after filing.) Pursuan , this date will not	be listed.
	date on the Departme					
cord specifies a de s filed.	layed effective date, b	out not an effective	: time, at 12:01 a	.m. on the earlier o	f: (b) The 90th da	iy after th
August 4		2020				
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			41	Allena of Conservation		
	Signatur	re of a member of the	thorized represent	ative of a member		

Filing Fee: \$25.00