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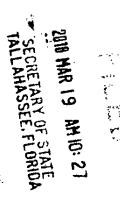
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M. MILLIGAN NAR 20 2018

COVER LETTER

Divi	ision of Corpo	orations				
SURJECT	MEDICAL C	ONSULTANTS OF PALM B	EACH, LLC			
SUBJECT: Name of Limited Liability Company						
The enclosed	Articles of Ar	nendment and fee(s) are subm	itted for filing.			
Please return	all correspond	ence concerning this matter to	the following:			
		MAZIN SHIKARA, M.D.				
			Name of Person			
	MEDICAL CONSULTANTS OF PALM BEACH, LLC					
	Firm/Company					
	PO BOX 69					
			Address			
	JUPITER, FL 33468					
	City/State and Zip Code					
	MSHIKARA@MCMHEALTHCARE.COM E-mail address: (to be used for future annual report notification)					
Pau Graden in	£		·	oll)		
ror iurther in	termation con	cerning this matter, please call	:			
RAUL PUEN	NTE		561 406-6062 XT 801	16		
Name of Person Area Code Daytime Telephone Number				ephone Number		
Enclosed is a	check for the f	following amount:				
\$25.00 Fi	ling 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)		

Registration Section

TO:

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

MEDICAL CONSULTANTS OF PALM BEACH, 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 C	Company were filed on 08/14/20	and Fried		
Florida document number L13000114807		British -		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
MEDFLORIDA SPECIALISTS, LLC				
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regis	stered office address on our	records, enter the name of the new		
registered agent and/or the new registered office add		Teeti da, <u>sinci un mana sa un neu</u>		
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida str	eet address		
		, Florida		
	City	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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		☐ Remove	
		Change	
		Add	
		Remove	
			☐ Change
		Remove	
			Change
		Remove	
			Change
		□ Remove	
			☐ Change
			☐ Remove
		Change	

Filing Fee: \$25.00

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