

L13000144453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

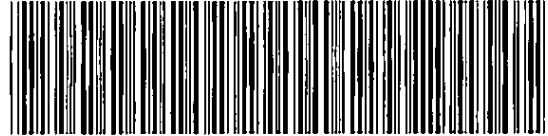
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800402189608

02/13/23--11017--005 **25.00

FILED
2023 FEB 13 PM 1:07
CLERK OF STATE
TALLAHASSEE FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pioneer medical Group 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:

James Griffith

Name of Person

Pioneer medical Group

Firm/Company

13067 N Telecom Parkway

Address

Tampa, FL 33637

City/State and Zip Code

jgriffith@pioneermedicalpl.com

email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

____ 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
TALLAHASSEE, FL
DIVISION OF STATE

2023 FEB 13 PM 1:07

FILED

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

Pioneer Medical Group 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 October 14, 2013 and assigned Florida document number 41300014453.

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:

New Registered Office Address:

Enter Florida street 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mbf</u>	<u>Ballmont LLC</u>	<u>17324 Ballmont Park Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Odessa, FL 33556</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>mbf</u>	<u>Milsum Group LLC</u>	<u>10555 Cory Lake Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33647</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>mbf</u>	<u>Masood HK LLC</u>	<u>20114 Natures Hike Way</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33647</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MBR</u>	<u>Dr. Dipti Mehta Inc</u>	<u>3568 Shoreline Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Harbor, FL 34684</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>mbf</u>	<u>RM Ingenuity</u>	<u>30595 Ivy Forge Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Wesley Chapel, FL 33543</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>mbf</u>	<u>Solarca Healthcare LLC</u>	<u>10528 Martingale Isle Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33647</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

STATE OF FLORIDA
TALLAHASSEE, FL

2023 FEB 13 PM 1:07

FILED

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>
<u>mgr</u>	<u>Syed Ali</u>	<u>17702 Saint Lucia Isle Dr</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33647</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mgr</u>	<u>Milton Brown</u>	<u>20232 Ravens End Drive</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33647</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mgr</u>	<u>Masood Khan</u>	<u>20114 Natures Hike way</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33647</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mgr</u>	<u>Dipti Mehta</u>	<u>3568 Shoreline Circle</u>	<input type="checkbox"/> Add
		<u>Palm Harbor, FL 34684</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mgr</u>	<u>Ronniel Mercado</u>	<u>2114 Rensselaer Drive</u>	<input type="checkbox"/> Add
		<u>Wesley Chapel, FL 33543</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mgr</u>	<u>Kalpash Patel</u>	<u>17922 Hows Moor Pl</u>	<input type="checkbox"/> Add
		<u>Lutz, FL 33559</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2023 FEB 13 PM 1:07
CLERK OF STATE
TALLAHASSEE, FL

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	Khizzar Shaukat	10528 Martinique Isle Dr	<input type="checkbox"/> Add
		Tampa, FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2023 FEB 13 PM 1:07
SECY. OF STATE
TALLAHASSEE, FL

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.

Signature of a member or authorized representative of a member

Syed Ali

Typed or printed name of signee

FILED