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TO:

Registration Section **Division of Corporations**

MIAMEBE	EACH MEDICAL CONSULTA	ANTS, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paul McBride		
		Name of Person	.
	Miami Beach Medical Co	nsultants, LLC	
		Firm/Company	
	1400 NW 107th Ave, Suit	e 500	
		Address	
	Miami, FL 33172		
		City/State and Zip Code	
	Brenda.Lezama@clinicalca		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Brenda Lezama		at () 690-1933 Area Code Daytin	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632	Section forporations 7	Street Address: Registration Se Division of Co The Centre of	rporations Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

cuSign Envelope ID: E0965A92-9CCD-46A6-BC73-219DCC9ACC06

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF**

MIAMI BEACH MEDICAL CONSULTANTS, LLC	ann an air meant.
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL14000124075	08/07/2014 and assigned
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	ne designation "LLC" or the abbreviation BL.C."
Enter new principal offices address, if applicable:	THE SE SE
	26 E
Trincipal office dualess most be A STREET ADDRESS	10 8 F
	
	9:
Enter new mailing address, if applicable:	_
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on ou	r records, <u>enter the name of the new regis</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Torida street address
	Florida
City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in th	is canacity. I further agree to comply wit
rnereny accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performance	

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

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IT amending Authorized rerson(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>	Address	Type of Action
COO	HANSEN, CHRISTINE	1400 NW 107TH AVE	🗆 Add
		SUITE 500	■Remove
		MIAMI, FL 33172	
			□Add
			□Remove
			□Change
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			□Remove
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		late of filing or more than 90 day	(optional) ys after filing.) Pursuant to 605.0207
an effective date is listed, the date must be iote: If the date inserted in this block	does not meet the applicable	e statutory filing requiremen	ts, this date will not be listed as t
an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department specifies a delayed effective date.	does not meet the applicable rtment of State's records.		
ffective date, if other than the data an effective date is listed, the date must be sote: If the date inserted in this block ocument's effective date on the Department specifies a delayed effective data is filed. 9/27/2023	does not meet the applicable rtment of State's records. Ite, but not an effective time.		
an effective date is listed, the date must be sote: If the date inserted in this block ocument's effective date on the Department specifies a delayed effective date is filed. 9/27/2023	does not meet the applicable rtment of State's records. Ite, but not an effective time.		
record specifies a delayed effective date is filed. 9/27/2023 Pated Paul M. McB.	does not meet the applicable rtment of State's records. Ite, but not an effective time.	, at 12:01 a.m. on the earlier	of: (b) The 90th day after the

Filing Fee: \$25.00