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COVER LETTER

TO: Registra Division	ition Section of Corporations		
	1ary Florida Pediatric Care p	pllc	
SUBJECT:	Na	lame of Limited Liability Company	
	•		
The enclosed Art	cles of Amendment and fee(e(s) are submitted for filing.	
Please return all o	orrespondence concerning the	this matter to the following:	
	Dr. Magda Salib	•	
		Name of Person	i i i i i i i i i i i i i i i i i i i
	ST Mary Florida	a Pediatrics & Family Care	# 信
		Firm/Company	
	2626 Tampa Rd,	, Ste 101	JAN-9 PM 4: 08
		Address	3 3
	Palm Harbor, FL	_ 34684	PM 4: 08
	"	City state and Zip Code	
	Stmaryflped@gma	nail.com if address: (to be used for future annual report notification	
For further inform	nation concerning this matter	•)
Dr. Magda Salib		201 2321354	
.~	Name of Person	at (hone Number
Enclosed is a che	k for the following amount:	:	
□ \$25.00 Filing	Fee \$30.00 Filing F Certificate of		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER AI Registration Section Division of Corporations Clifton Building	ODRESS:

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ST MARY FLORIDA PEDIATRIC CARE, PLLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 472530541	were filed on 12/19/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
ST MARY FLORIDA PEDIATRICS & FAMILY CARE, PLLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	2626 TAMPA RD, STE 101	1 [
(Principal office address MUST BE A STREET ADDRESS)	PALM HARBOR, FLORIDA 34684	宝 三
		9 8 B
Enter new mailing address, if applicable:	4071 ST IVES BLVD	PK +
(Mailing address MAY BE A POST OFFICE BOX)	SPRING HILL, FLORIDA 34609	88 SE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		he name of the nev
New Registered Office Address:	Enter Florida street address	
***	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	zιp Coae

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 commute 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 $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
		·	Add
			Remove∽.
			D. Change
			F. of
			☐ Change
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