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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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16 SEP 28 AH 9: 33 DIVISION OF CORFORATIONS

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# **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE		Partners LLC		
SUBJE	C1:	Name of Limi	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter t	to the following:	
		Noah Lasko		
			Name of Person	
			Firm/Company	
		16855 NE 2nd Ave, Suite 4	700N	
			Address	
		North Miami, FL 33162		
			City/State and Zip Code	
		noahl@treatmentmanageme		
		E-mail address: (t	o be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca	ılı:	`
Noah L			786 661-2344at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAJ Health Partners LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Florida document number L15000040444	Company were filed on 03/05/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADL	ORESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		FILED 16 SEP 28 AH 9: 33 01/41SION OF CORPOTATION
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	ristered office address on our record ldress here:	s, enter the mame of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	SSS
	, FI	orida
	City	Zip Code
Now Desigtaned Agent's Signature if shancing Desigtar	wad Acamta	

## 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>	Type of Action
MGR	Norman Ginsparg	16855 NE 2nd Ave	
		Suite 400N	■ Remove
	·	North Miami, FL 33162	☐ Change
MGR	Jonathan Lasko	16855 NE 2nd Ave	<b>∃</b> Add
		Suite 400N	□ Remove
		North Miami, FL 33162	□ Change
MGR	Noah Lasko	16855 NE 2nd Ave	<b>⊑</b> Add
.,		Suite 400N	□ Remove
		North Miami, FL 33162	□ <b>T</b> ange
			SION SEP ME
	•		CORE → CORE
			DIVISION OF CORPUSATIONS  ON THE CORPUSATIONS  Change
			Add
			Remove
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Filing Fee: \$25.00