L16000001764

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Registration Section

TO:

Division of Corporations						
414 185 5 5 4 4 4 4 5	ı Ramdath, MD, LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corre	spondence concerning this matter	to the following:				
	Navindra Ramdath, MD.					
	Name of Person					
	Navindra Ramdath, MD, I	J.C				
	Firm/Company					
	PO Box 1718					
		Address	 			
	Palmetto, FL 34220					
		City/State and Zip Code				
	NavindraRamdath@gmail.c					
For further informatio	n concerning this matter, please c	to be used for future annual report no all;	nneation)			
Navindra Ramdath, M	ID	941 524-2790				
Nam	e of Person	at () Area Code Dayti	me Telephone Number			
Enclosed is a check fo	r 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		Street Address: Registration S	ection			
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

NAVINDRA RAMDATH, MD, LLC

2023 JUL 27 PM 2: 0

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Froctida Estimited Establishing Company)	TATTOM LAWY OF STORE			
The Articles of Organization for this Limited Lia		TALLAHASSEE INTE			
lorida document number L16000001764					
This amendment is submitted to amend the follo					
A. If amending name, enter the new name of	the limited liability company here:				
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "EL	.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREET	T ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE E	<u></u>	······································			
B. If amending the registered agent and/or reagent and/or the new registered office address		r the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address Florida Zip Code				
	ć uj	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>	Address	Type of Action
			□Add
		····	□Remove
		 	Change
			□Add
			□Remove
			Change
 			
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			TTChance

Signature of a member or authorized representative of a member

Typed or printed name of signee

Navindra Ramdatn, MD.