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(Re	equestor's Name)	
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Michael

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## **COVER LETTER**

Division of Cor	porations		•
	1. PICHARDO MD, LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Radica Baboolall		
		Name of Person	
	MEDICAL HOME ALLIA	ANCE, LLC	
		Firm/Company	
	6675 Westwood Blvd, Suit	e 475	
		Address	
	Orlando, Florida 32821		
	armando.eremata@inhealth	City/State and Zip Code md.com	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Radica Baboolall		407 845-0330 x 2	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 ADDRESS:

TO: Registration Section

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

Neuson M. Pichakijo MD, LEC	ny as it now annears on our records	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	Ciability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000008872	were filed on $\frac{01/14/2016}{}$ and assigned	d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		`
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation, "L.L.C"	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:	6675 Westwood Blvd, Suite 475	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, Florida 32821	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		<u>he no</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
<del></del>	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>	Type of Action
CEO	Craig Albright	6675 Westwood Blvd, Suite 475	
		<u> </u>	Add
		Orlando, Florida 32821	
			Remove
	A-manda Comman	6675 Westwood Blvd, Suite 475	□ Change
CFO	Armando Cremata		<b>■</b> Add
		Orlando, Florida 32821	Add
			□ Remove
			□ Change
Contr	Logan Thompson	6675 Westwood Blvd, Suite 475	
<del></del>	<u> </u>		■ Add
		Orlando, Florida 32821	
			Remove
			Change
			□ Add
		-	
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			□ Remove
			Change

amending any other informati	on, enter change(s) here.	TATION GUILLIAM SICC	sis, if necessary.	
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ffective date, if other than the can effective date is listed, the date must	late of filing: be specific and cannot be prior to	date of filing or more than 5	(optional) 00 days after filing.) Pursuant to 605	5.020
ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the applicable partment of State's records.	le statutory filing require	ments, this date will not be list	ed a
e record specifies a delayed The 90th day after the reco		an effective time, at	; 12:01 a.m. on the earli	er c
December 17	2018	. ·		
-A	6			
	Signature of a member or authorize	zed representative of a men	ıber	
Armando Cremata				
	Typed or printed t	name of signee		

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Filing Fee: \$25.00