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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2016

SUNSTATE RESEARCH

SUBJECT: SOUTHEASTERN MEDICAL CONSULTANTS PLLC

Ref. Number: L16000100082

We have received your document for SOUTHEASTERN MEDICAL CONSULTANTS PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00013080

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHEASTERN MEDICAL CONSULTANTS PLLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	<u>pears on our records.</u>) ny)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L16000100082	May 23, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>v here</u> :
SOUTHEASTERN MEDICAL CONSULTANTS MD PLLC	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	AU 6
(Principal office address MUST BE A STREET ADDRESS)	
· · · · · · · · · · · · · · · · · · ·	A 2 -
	The A CO
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	유전 0
	0m 7
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the n
Name of New Registered Agent:	The state of the s
New Registered Office Address:	
	Florida street address
	. Florida
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

	Authorized Member	A 33	Trung of Austin
<u>Title</u>	<u>Name</u>	Address	Type of Action
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