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	Registration S Division of Co				
cubuco		nily Practice and Kids, LLC	1		
SUBJEC	, I :	Name of Lim	ited Liability Company	,	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Wily Peña and Garvi Arias			
			Name of Person		
		Moe's Family Practice and	Kids, LLC		
			Firm/Company		
		1507 Lakeland Hills Blvd.	Ste 105		
			Address		
		Lakeland, FL 33805			
		moes.solutionslle@gmail.co	City/State and Zip Com	ode	
		E-mail address: (o be used for future at	nual report notifica	ntion)
For further	er information of	concerning this matter, please ca	ill:		
Alayla C	omas		863	937-7578	
	Name	of Person	Area Code	Daytime T	elephone Number
Enclosed	is a check for t	he following amount:			
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Cop (additional copy i	¥	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Regi Divis Clifti 2661	BET/COURIER stration Section sion of Corporati on Building Executive Cente	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moe's Family Practice and Kids, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
(A Florida Limited Li	abdity Company)
The Articles of Organization for this Limited Liability Company v	were filed on Moe's Family Practice and Kids and assigned
Florida document number L16000114527	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	18
	JAN
Enter new mailing address, if applicable:	2 S S S S S S S S S S S S S S S S S S S
Mailing address MAY BE A POST OFFICE BOX)	P MAR
	<u>ö</u> [0]
3. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Neglistered Office Madesia.	Enter Florida street address
	Plands
	City , Florida
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amendin	g Authorized Person(s) authorized to a from our records:	nanage, enter the title, name, and addr	ess of each person being added
MGR = M $AMBR = A$	·lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Wily Peña	1507 Lakeland Hills Blvd STE 105	
		Lakeland, FL 33805	□ Remove
		1507 Lakeland Hills Blvd STE 105	■ Change
AMBR	Garvi Arias	Lakeland, FL 33805	□ Add
		i	□ Remove
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
		<u>:</u>	☐ Remove
		1	□ Change
		!	□ Add
			Remove
			☐ Change

ir amending any other	information, enter change(s) here: Attach additional sheet	ls, if necessary.)
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Effective date, if other	than the date of filing:	(optional)
Note: If the date inserted	e date must be specific and cannot be prior to date of filing or more than 90 in this block does not meet the applicable statutory filing requirem on the Department of State's records.	nents, this date will not be listed as
ne record specifies a	delayed effective date, but not an effective time, at :	12:01 a.m. on the earlier of
The 90th day after	the record is filed.	
Dated	2918	
	Chief Air	
	Signature of member or authorized representative of a member	er
Wily Peña	Typed or printed name of signee	<u> </u>
	sypes of printed name printed	
	Page 3 of 3	

Filing Fee: \$25.00