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COVER LETTER

TO: Registration Sec Division of Corp		•	
VIP Pediatr	ics, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Jennifer Perez, Esq.		
	*****	Name of Person	
		Firm/Company	
	3225 Aviation Ave, Suite 7	700	
		Address	
•	Miami, FL 33133		
-		City/State and Zip Code	
	jennperez@femwell.com		
	E-mail address: (t	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Jennifer Perez, Esq.		305 273-4641 at ()	
Name of	Person		Telephone Number
Enclosed is a check for th	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:

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

VIP Pediatrics, LLC		
(Name of the Limited Liability Compa (A Florida Limited	nv as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L16000118505		
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 "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2300 N. Commerce Parkway	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Suite 113	18
	Weston, FL 33326	APR
		10
Enter new mailing address, if applicable:		R MOND
(Mailing address MAY BE A POST OFFICE BOX)		6:
		32
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	tress
		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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
		,	Add
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			☐ Change
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ctive date, if other than the date of effective date is listed, the date must be speci. If the date inserted in this block document's effective date on the Department.	cific and cannot be prior es not meet the applica	to date of filing or more than the statutory filing requ	(optional) n 90 days after filing.) Pursua irements, this date will no	ant to 605.0207 of be listed as
ecord specifies a delayed effective for the record is		an effective time,	at 12:01 a.m. on th	e earlier o
March 20	2018	<u> </u>		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00