16000153993

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15 THE STATE OF LORIDA



COVER LETTER

TO:	Registration Sec Division of Corp		•			
<i>011</i> 13.11		ensive Caring LLC				
SUBJE	CT:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	-			
Please	return all correspor	ndence concerning this matter	to the following:			
		Bernadette Antonyrajah M	D			
		-	Name of Person			
	Pediatric Intensive Caring LLC Firm/Company					
		5049 Latrobe Drive				
Address						
		Windermere Fl 34786				
			City/State and Zip Code			
		bantonyrajah@yahoo.com				
			to be used for future annual report notif	ication)		
For tun	ther information co	oncerning this matter, please co	all:			
Bernad	ette Antonyrajah M		419 8197137 at ()			
	Name of	Person	Area Code Daytime	: Telephone Number		
Enclose	ed is a check for th	e following amount:				
□ \$25	5.00 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

		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	Liability Company)	
he Articles of Organization for this Limited Liability Company orida document number <u>L16000153093</u>	were filed on August 17, 2016	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
dvanced Kid's Care Profesional Limited Liability Company		
e new name must be distinguishable and contain the words "Limited Liabi	htty Company," the designation "LLC" or the a	abbreviation "L.L.C."
nter new principal offices address, if applicable:	98 Mango Terra Loop Unit 12	
Principal office address MUST BE A STREET ADDRESS)	Orlando Fl 32835	-
nter new mailing address, if applicable:	5049 Latrobe Drive	
· · · · · · · · · · · · · · · · · · ·	*_ * _ * _ * _ * _ * _ * _ * _ * _ * _	
failing address MAY BE A POST OFFICE BOX)	Windermere Fl 34786	
Aailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered o	ffice address on our records, enter	r the name of th
. If amending the registered agent and/or registered ogistered agent and/or the new registered office address her	ffice address on our records, enter	r the name of th
If amending the registered agent and/or registered o	ffice address on our records, enter	r the name of th
If amending the registered agent and/or registered ogistered agent and/or the new registered office address her	ffice address on our records, enter	r the name of th
If amending the registered agent and/or registered o gistered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, <u>enter</u> e:	r the name of the
. If amending the registered agent and/or registered orgistered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, enter	the name of the

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
Dr.	Avind Rampersad	5049 Latrobe Drive	
		Windermere Fl 34786	■ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			☐ Remove
		 	☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change

Changing the type of LLC into a professional LLC	as it is a physician professional practice
Removing one fo the partners Dr. Avind Rampersa	nd transferring shares to Dr. Bernadette
Antonyrajah MD	
Professional LLC will be made up of Dr. Bernadett	te Antonyrajah (registered agent) 2/3 shares
Dr. Salvatore Buonauto with 1/3 shares	
	30
	<u> </u>
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tive date, if other than the date of filing:	ember 27, 2017 (optional)
Tective date is listed, the date must be specific and cannot be	be prior to date of filing or more than 90 days after filing.) Pursuant to
nent's effective date on the Department of State's re	applicable statutory filing requirements, this date will not be lecords.
cord specifies a delayed effective date, b e 90th day after the record is filed.	out not an effective time, at 12:01 a.m. on the ea
11/27/2017	·

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Typed or printed name of signee

Filing Fee: \$25.00