## 17000144122





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O SIMMONS

## **COVER LETTER**

|                |             | istration Sec<br>ision of Corp |  |   |                      |   |  |
|----------------|-------------|--------------------------------|--|---|----------------------|---|--|
| SUBJEC         |             | Valdes MOI                     | B LLC  |   |                      |   |  |
| SUBJEC         |             |                                | Name of Lim                                  | ited Liability Company  |                      |   |  |
| The encl       | losed       | Articles of A                  | Amendment and fee(s) are sub                 | mitted for filing.  |                      |   |  |
| Please re      | eturn       | all correspor                  | ndence concerning this matter                | to the following:   |                      |   |  |
|                |             |                                | Carmen V Morrone, MD                         |   |                      |   |  |
|                |             |                                |  | Name of Person  |                      |   |  |
|                |             |                                | Valdes MOB LLC                               |   |                      |   |  |
|                |             |                                |  | Firm/Company  |                      |   |  |
|                |             |                                | 12011 Meridian Point Dr                      |   |                      |   |  |
|                |             |                                | Address                                      |   |                      |   |  |
|                |             |                                | Tampa, FL 33626                              |   |                      |   |  |
|                |             |                                |  | City/State and Zip Code   |                      | <del></del>   |  |
|                |             |                                | jjvmdpa@gmail.com                            | to be used for future annual                                      |                      |   |  |
| r £            | <b>:</b> _  | F                              |  |   | report notification) |   |  |
| ror turtn      | ier in      | tormation co                   | oncerning this matter, please ca             | aii:  |                      |   |  |
| Ralph C        | Mor         |                                |  | 330 71<br>at ()   | 6-3570               |   |  |
|                |             | Name of                        | Person                                       | Area Code   | Daytime Teleph       | one Number  |  |
| Enclosed       | l is a      | check for the                  | e following amount:                          |   |                      |   |  |
| <b>■</b> \$25. | 00 F        | iling Fee                      | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee<br>Certified Copy<br>(additional copy is end |                      | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
|                | <u>Mail</u> | ling Address                   | <u>u</u><br>estion                           | Street A  | ddress:              |   |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Valdes MOB LLC   |   | ZUZO AF   | <sup>2</sup> R 21 F; <del>1 4: 09</del> |
|--|---|---|---|
| (Name of the Lim   | ited Liability Com<br>(A Florida Limite | pany as it now appears on our record Liability Company) | <u>ds.</u> ) 4:09                       |
| ne Articles of Organization for this Limited orida document number £17000144122      | Liability Compar                        |   | and assigned                            |
| is amendment is submitted to amend the fo  | llowing:                                |   |   |
| If amending name, enter the new name   | of the limited lis                      | ability company here:                                   |   |
|  |   |   |   |
| e new name must be distinguishable and contain the                                   | words "Limited Lia                      | bility Company," the designation "LL                    | C" or the abbreviation "L.L.C."         |
| nter new principal offices address, if appli   | icable:                                 |   |   |
| <u>Principal office address MUST BE A STRE</u>                                       | <u>ET ADDRESS)</u>                      | ··  | · · · · · · · · · · · · · · · · · · ·   |
|  |   |   | <u> </u>                                |
| nter new mailing address, if applicable:   |   | 12011 Meridian Point Dr                                 |   |
| Aailing address MAY BE A POST OFFICE   | E <b>BOX</b> )                          | Tampa, FL 33626   |   |
|  | <u></u>                                 |   |   |
| . If amending the registered agent and/or gent and/or the new registered office addr |   | e address on our records, <u>ente</u>                   | the name of the new registe             |
| Name of New Registered Agent:  | Carmen V M                              | orrone, MD  |   |
| New Registered Office Address:   | 4506 N Arme                             | enia Ave  |   |
|  | <del> </del>                            | Enter Florida street addre                              | ss                                      |
|  | Tampa                                   | , F   | lorida 33603                            |
|  |   | City  | Zin 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>          | Address 2020 APR 21 PH 4: | Type of Action |
|--------------|----------------------|---------------------------|----------------|
| AMBR         | Julio J Valdes Sr    | 2807 Safe Harbor Dr       |                |
|              |                      | Tampa, FL 33618           | ■Remove        |
|              |                      |                           | □ Change       |
| AMBR         | Carmen V Morrone, MD | 12011 Meridian Point Dr   | <b>=</b> Add   |
|              |                      | Tampa, FL 33626           | □ Remove       |
|              |                      |                           | □Change        |
|              |                      |                           |                |
|              |                      | -                         | Remove         |
|              |                      |                           | □Change        |
|              |                      |                           | □Add           |
|              |                      |                           | □ Remove       |
|              |                      |                           | Change         |
|              | <del></del>          |                           | □ Add          |
|              |                      |                           | □Remove        |
|              |                      | ···                       | Change         |
| <del></del>  |                      | <u></u>                   | □Add           |
|              |                      |                           | □Remove        |
|              |                      |                           | Change         |

|  |  | 2020 APR 21 PH 4: 09            |  |
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|  |  |                                 |  |
| tive date, if other than the               | date of filing:  |                                 | (optional)   |
| ffective date is listed, the date mus      | t be specific and cannot be prior to<br>tock does not meet the applica | o date of filing or more than 9 | 0 days after filing.) Pursuant to 605.02 ments, this date will not be listed |
| ord specifies a delayed effectiv<br>filed. | e date, but not an effective tir                                       | ne, at 12:01 a.m. on the ca     | rlier of: (b) The 90th day after th  |
| , April 15th                               | Monolens   | ···                             |  |
| ·  |  |                                 |  |