Division of Corporations Electronic Filing Cover Sheet

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(((H190001198173)))



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Tc:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

120010000000

Phone Fax Number : (323)962-8600 : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address					
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MUDANAL P SABAPATHY, PLLC

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu C

Corporate Filing Menu

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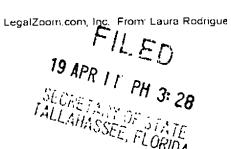
COVER LETTER

	Registration Se Division of Cor			
eno ice	MUDANA	ALP SABAPATHY, PLLC		
SUBJEC	T:	Name of Limi	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	unitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legatzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11t	h Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		sabapathy_1969@yahoo.	com n he used for future annual report notification	ation)
For furthe	er information c	oncerning this matter, please c		
Cheyen	ne Moseley		800 773-0888 ext.	. 9724
	Name o	l Person	at ()	elephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.0	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 enclused)
	Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corporat	

P.O. Box 6327 Taliahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

MUDANAI P SABAPATHY, PLLC		COMIDA
(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.17000194428	were filed on 09/19/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Star Internal Medicine, PLLC		
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	fice address on our records, <u>en</u> g: <i>Unter Florida street address</i>	ter the name of the new
	Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

	Name	Address	Type of Action
			_ □ Add
			☐ Remove
			19 Adop
		<u>annones</u>	PR OR PH 3: 28
			OR COLLEGE
-			☐ Remove
			☐ Remove
			□ Remove
			O Remove

				
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Iffective da The effective of the date this of	ate, if other than the date late must be specific, cannot be p locument is filed by the Florida I	e of filing: prior to date of receipt or filed date and of Department of State)	(optional) annot be more than 90 days after	•
Dated	05 April	2019		
Dated		2019		
Dated		2019		
Dated		2019	thy	SECTION AP
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Dated		2019 Thurston atture of a member or authorized represe Mudanai P. Sabapa	thy	19 APR 11 P

Page 3 of 3

Filing Fee: \$25.00