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## **COVER LETTER**

TO:	Registration Section Division of Corporations								
	STAR INT	ERNAL MEDICINE, PLLC							
SUBJECT:  Name of Limited Liability Company									
		Name of Limi	ted Liability Company						
The e	nclosed Articles of	Amendment and fee(s) are subr	mitted for filing.						
Please	e return all correspo	ndence concerning this matter t	to the following:						
		Mudanai P Sabapathy							
			Name of Person	<del></del>					
			Firm/Company						
1934 Botanica Cir									
	Address								
West Melbourne, FL 32904									
		sabapathy_1969@yahoo.com	City/State and Zip Code n						
		E-mail address; (t	o be used for future annual report not	ification)					
For fu	rther information co	oncerning this matter, please ca	11:						
Muda	maí P Sabapathy		716 907 2834						
Name of Person			at () Area Code Daytin	ne Telephone Number					
Enclo:	sed is a check for th	ne following amount:							
□ \$2	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



STAR INTERNAL MEDICINE, PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/19/2017}{1}$ and assigned Florida document number \_ 1.17000194428 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Healing Tree Internal Medicine, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3044 W New Haven Ave Enter new principal offices address, if applicable: West Melbourne (Principal office address MUST BE A STREET ADDRESS) FL 32904 3044 W New Haven Ave. Enter new mailing address, if applicable: West Melbourne (Mailing address MAY BE A POST OFFICE BOX) FL 32904 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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

\_, Florida \_\_

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> Name <u>Address</u> **Type of Action** \_□ ∧₫₫ \_\_□ Remove \_□ Change \_□ Remove \_□ Change \_\_ 🗆 Remove \_\_\_\_\_ D Change \_□ Add \_□ Remove \_\_\_\_\_ Change \_□ Add

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iffective date, if other than the an effective date is listed, the date in sorted in this locument's effective date on the	oust be specific and block does not n	I cannot be prior neet the applica	to date of filing o able statutory fi	r more than 90 day	optional) s after tiling.) Pur s, this date will	suant to 605.0207 ( not be fisted as t
e record specifies a delay The 90th day after the re	ed effective o ecord is filed.	date, but not	t an effectiv	e time, at 12:	01 a.m. on t	he earlier of:
29 April Dated		2019				
	Must	بذله				
<del></del>	Signature of a r	member or autho	rized representat	ive of a member		