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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VITALMD GROUP HOLDING

Account Number : I20090000005 : (305)273-4641 Phone Fax Number : (305)273-0405

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FEMINAS OBGYN, LLC

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M. SCLOWDY

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**CUVER LETTER** Registration Section TO: Division of Corporations SUBJECT: FEMINAS OBGYN, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JENNIFER PEREZ Name of Person VITALMD GROUP HOLDING, LLC Firm/Company 3225 AVIATION AVENUE, SUITE 700 Address MIAMI, FL 33133 City/State and Zip Code JENNPEREZ@FEMWELL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

DocuSign Envelope ID: 7FB8F221-FCE9-44EA-AF19-DAFB9B035827

Tallahassee, FL 32303

DocuSign Envelope ID: 7FB8F221-FCE9-44EA-AF19-DAFB9B035827

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEMINAS OBGYN, LLC (Name of the Limited I (A)	Liability Compa Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liabi	ility Company	were filed on SEPTEMBER 26, 201	7 and assign	ned
Florida document number <u>L17000199286</u>	·			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liab	ility company here:		
The new name must be distinguishable and contain the words	s "Limited Liabii	lity Company," the designation "LLC" or t	he abbreviation "L.L.C	<i></i>
Enter new principal offices address, if applicabl	e:	915 MIDDLE RIVER DRIVE	्र <sub>व</sub>	75
(Principal office address MUST BE A STREET A	ADDRESS)	SUITE #305		
-		FORT LAUDERDALE, FL 33304		
			<b>が</b> も	ζ'n
Enter new mailing address, if applicable:		3225 AVIATION AVENUE	<u> </u>	3:
(Mailing address MAY BE A POST OFFICE BO	) <u>X)</u>	SUITE 700	\$ 1	<del>ن</del> :
		MIAMI, FL 33133		4
B. If amending the registered agent and/or registered and/or the new registered office address h		address on our records, <u>enter the s</u>	name of the new r	<u>egiste</u>
Name of New Registered Agent:	MITCH YELE	<u>.                                    </u>	<u> </u>	
New Registered Office Address:	3225 AVIATIO	ON AVENUE , SUITE 700  Enter Florida street address		
_	MIAMI	, Florid:	a 33133	
-		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 a 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

DocuSign Envelope ID: 7FB8F221-FCE9-44EA-AF19-DAFB9B035827 in amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
AR	Nadia Mileo	915 MIDDLE RIVER DRIVE	🗆 Add
		SUITE #305	■Remove
		FORT LAUDERDALE, FL 33304	□Change
AMBR	VITALMD GROUP HOLDING, LLC	3225 AVIATION AVENUE, SUITE 700	≣ Add
		MIAMI, FL 33133	□Remove
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fective date, if other than the date of filing: <u>J</u>	NUARY 1, 2021	(optional	)
an effective date is listed, the date must be specific and cand one. If the date inserted in this block does not meet ocument's effective date on the Department of State.	it be prior to date of filing or ne applicable statutory fil	more than 90 days after filing ing requirements, this dat	g.) Pursuant to 605.0 e will not be listed
record specifies a delayed effective date, but not an e is filed.	fective time, at 12:01 a.n	n. on the earlier of: (b) T	he 90th day after t
	20		
Oocu\$igned by:	<u>20</u> .		
Nadia M. Miles		ve of a member	<del></del>
Nadia M. Miles	er or authorized representati	ve of a member	

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Filing Fee: \$25.00