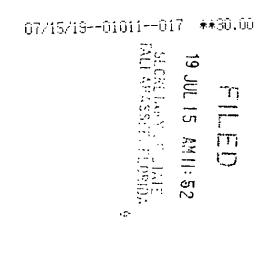
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COVER LETTER

Division of Cor			·	
GEANCAR Subject:	LO PEREZ MD LLC			
·Costx 1.	Name of Lim	nted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
dease return all correspo	indence concerning this matter	to the following:		
	Sanford R. Topkin			
		Name of Person		
	Topkin & Partlow			
		Firm/Company		
	1166 W Newport Center Drive, Ste 309			
		Address		
	Deerfield Beach, FL 3344	2		
		City/State and Zip Code	<u>.</u>	
	stopkin@topkinlaw.com			
	E-mail address: (to be used for future annual report notif	ication)	
for further information c	oncerning this matter, please c	all:		
Eva Rykr-Popper		954 422-8422		
Name of Person at () Atea Code Daytime Telephone Numb		Telephone Number		
Enclosed is a check for H	ne following amount:			
□ \$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 2664 Executive Center Circle Tallahassee, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ited Liability Compa (A Florida Limited)	iny as it now appears on Liability (ompany)	our records.)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{\pm 1.06(2017)}{\pm 1.17000229214}$ and assi						gned
This amendment is submitted to amend the following	lowing:					
A. If amending name, <u>enter the new name (</u>	of the limited liab	oility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "ELC" or the a	ibbaeviatic سرور مسرور		.C
Enter new principal offices address, if appli	oplicable: REET_ADDRESS)	401 SW 42 AVE., S	TE 200		(<u>.</u>	
Principal office address MUST BE A STREET ADDRES.		CORAL GABLES.	FLORIDA 33134	# F	;= -	1
			_	******	വ	1
Enter new mailing address, if applicable:		401 SW 42 AVE., S	TE 200			; i i
Mailing address MAY BE A POST OFFICE	` RON')	CORAL GABLES.	FLORIDA 33134	57	(-) <u>91</u>	
Training damess real Property (NEW COLLECT)	<u>. 17 (7, 17)</u>		191	~~~		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<u>'e</u> :	r records, <u>ente</u> i	r the n:	ume ç	of the
*	1166 W NEWPOR'T CENTER DRIVE, SUITE 309 Enter Florida street address					
New Registered Office Address:						
			2.1.15			
	Cin		, Florida <u>33442</u> Zap Code			
New Registered Agent's Signature, if changing	Ranictural Amort					
I hereby accept the appointment as register provisions of all statutes relative to the proj	ed agent and agr	- vee to act in this cape				

company has been notified in writing of this change

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>	<u>Address</u>	Type of Action
AMBR	PEREZ, GIANCARLO		
		MALESTE 12 AME - STREET 240	□ Add
		401 SW 42 AVE., SUTTE 200	□ Remove
		CORAL GABLES, FL 33134	
			■ Change
			Add
			□ Remove
			□ Change
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		-111	□ Remove
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Page 3 of 3

Filing Fee: \$25.00