Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000954623)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

: (727)442-1200 : (727)443-5829

Fax Number

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

Fma{l	Address:	
Emall.	AUGITESS:	

8

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNCOAST RHEUMATOLOGY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAR 27 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Audit Fax# H180000954623

SUNCOAST RHEUMATOLOGY, LLC	- This		<u> </u>
(Name of the Limited Liability Con (A Florids Limit	n no strengt won it se ynego	ur records,)	<u> </u>
(A riotida Linji)	ed Chothry Company) ""		医数 金ブ
The Articles of Organization for this Limited Liability Compa	inv were filed on 11/30/17	(effective 01/01/18)	andasslaned
Florida document number L17000245602			* 500 V
riorida document number			1000 #
This amendment is submitted to amend the following:			7000
•			
A. If amending name, enter the new name of the limited li	ability company here:		
	V)		1
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designat	tion "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			
, · -		. 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	A Section of the sect	wanned, antaw the	n numa of the now
B. If amending the registered agent and/or registered registered agent and/or the new registered office address t		records, enter in	s name of the new
TEMPORE ALCHI MANAYAND HON TEMPORE OF STREET WHAT PASS	•		
	o;		
Name of New Registered Agent:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
N. Declared Office Address			
New Registered Office Address:	Enter Florida str	agi address	
	th.		
		, Florida	
	City '		Zip Code
Name 17 wind and A and 1. Claustone 16 shapeling Washespard And	-1.		

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

Page 1 of 3

The second second second

_ Change

H180000 954 423 or removed from our records:

MGR = Manager AMBR = Authorized Member					
Title	<u>Namę</u>	Address	Type of Action		
MGR	DR. SUSAN L. ZITO	10352 LONGWOOD DR.			
		LARGO, FL 33777	■ Remove		
			🔲 Change		
			□ Remove		
		19 19 19			
		٠.	Change 8		
			Remove		
		1.0.	中		
			□ Remove		
			□ Change		
			D Add		
		`	□ Remove		
			☐ Change		
			□ Add		
			□ Remove		
		,			

H180000954623 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3Xb) Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _ March 26 2018 Signature of a member or authorized representative of a member ALAN S. GASSMAN, Authorized Representative

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00