## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (800)221-2972 Phone Fax Number : (888)692-9256

\*\*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 OB/GYN SPECIALISTS OF THE PALM BEACHES II, LLE

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OB/GYN SPECIALIST  | 'S OF THE PALM BEACHES II, LLC  |                  |              |
|--|---|------------------|--------------|
| ( <u>Name of the Limited Lie</u><br>(A Fi  | ability Company as it now appears on our records.) orida Limited Liability Company) |                  |              |
| The Articles of Organization for this Limited Liability Florida document number 1.17000251620        | ty Company were filed on 12/08/2018   | and as           | signed       |
| rtoriga document number  | <del></del> ·   |                  |              |
| This amendment is submitted to amend the following   | 2:  |                  |              |
| A. If amending name, enter the new name of the   | limited liability company here:   |                  |              |
| OB-GYN SPECIALISTS OF THE PALM BEACHES II  | , LLC   |                  |              |
| The new name must be distinguishable and contain the words "   | Limited Liability Company," the designation "LLC" or the                            | abbreviation "l. | .L.C."       |
| Enter new principal offices address, if applicable:  |   |                  |              |
| (Principal office address MUST BE A STREET AL  | DDRESS)   |                  |              |
| Enter new mailing address, if applicable:  | <del></del>   |                  | <del> </del> |
| (Mailing address MAY BE A POST OFFICE BOX)   | ! <u></u>   |                  |              |
|  |   |                  |              |
| B. If amending the registered agent and/or re<br>registered agent and/or the new registered office a | ·· ———  | er the name      | of the no    |
| Name of New Registered Agent:  |   | 두 등              |              |
|  |   |                  |              |
| New Registered Office Address:   | Enter Florida street address  | <del></del>      |              |
|  |   | : DE             | Ţ            |
|  | , Florida,  | = Zip CoD        |              |
|  | S Agr   |                  |              |

## 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

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 = A     | AMBR = Authorized Member |         |                |  |  |
|--------------|--------------------------|---------|----------------|--|--|
| <u>Title</u> | <u>Name</u>              | Address | Type of Action |  |  |
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| Hice        | tive date, if other than the date of filing:   |   |             |
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