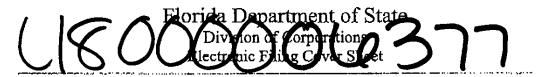
FAX No. 941-365-4524

5/10/2018

Division of Corporations



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To:

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Fax Number

: (850)617-6383

From:

Account Name

: BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611

Phone

: (941)748-0100

Fax Number

: (941)745-2093

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

2018 MAY 10

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YEMUNA EMMY SATYA MD LLC

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Fax Audit # (((H18000146760 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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Yemuna Emmy Satya MD LLC	7.55.25. 1.17 1.55.5. 1.15			
' ( <u>Name of the Limited Llability Company</u> a (A Florida Limited Liabi	s it new appears on our records. lity Company)	3		
The Articles of Organization for this Limited Liability Company were	re filed on 01/08/2018	and assigned		
Florida document number L18000006377				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
Precision Cardiology Consultants 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:	<u> </u>	≥o: ≌		
(Principal office address MUST BE A STREET ADDRESS)				
		75 TO 100 MINES		
<del>-</del>	Ni	SSE <b>3</b>		
Enter new mailing address, if applicable:	*** **			
(Mailing address MAY BE A POST OFFICE BOX)		SC A		
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	:22:.			
B. If amending the registered agent and/or registered office	e adgress on our records	enter the name of the nev		
registered agent and/or the new registered office address here:	·			
Name of New Registered Agent:		, , , , , , , , , , , , , , , , , , ,		
New Registered Office Address:				
	Enter Florida street address	7		
- <del></del>	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if shanging 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 ť

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Fax Audit # (((H18000146760 3)))

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	Address	Type of Action
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		Sarasota, FL 34731	☐ Ramove
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			Change

Yemuna Satya

nending any other inform	nation, enter change(s)	here: (Attack 50		ıdit # (((H180 <i>if necessary.)</i>	0014076
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ctive date, if other than the effective date is listed, the date m il If the date inserted in this l	ust be specific and cannot be	prior to date of filing	or more than 90 da	ya after filing.) Pun	mant to 605
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