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	(Requestor's Name)			
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	MSician Adus Name of Limi	ors LLC ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joh	n Stewart	
	Phy	Name of Person Sician Advisors Firm/Company	LLC
	67	185 Arrap Dr	
	Melb	arne, FL 32°	140
	Jan H S	to be used for future annual report noti	(OM)
For further information c	oncerning this matter, please ca	ail:	
Name o	Person	at (<u>\$13</u>) 731 Area Code Daytim	- 5143 e Telephone Number
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mysician 1	Advisors ACC	P. C. 1 2: 47
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L\B 0000 \2007</u> [.	were filed on	3 OOB and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida
	N 1111	7,47 L, CAR

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	- 2020AUG 28 円 TyperoffAction
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t <mark>e:</mark> If the date inserted in thi	must be specific and cannot be prior	(option to date of filing or more than 90 days after the able statutory filing requirements, this	iling.) Pursuant to 605,0207 (3)(
cord specifies a delayed effe s filed.	ctive date, but not an effective tir	ne. at 12:01 a.m. on the earlier of: (b)	The 90th day after the
ed August J	5) 2020		
·	Signature of a member or autho	rized representative of a member	
	Jehn Sten	L	
		d name of signee	