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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

SUBJECT: PB(Name of Limit	agement LLC ed Liability Company	<u>, </u>	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please return all correspondence concerning this matter to the following:				
		uel Lederma Name of Person		
	PBO	BGYN Manas	sement, LLC	
	4671 5.	Congress Ave	510 100-B	
	Snlea E-mail address: (to	OV-1-10, FL 334 City/State and Zip Code A Cryman @ att. r be used for future annual report notific	tet	
For further information cond	perning this matter, please cal	l:		
Name of Po	Viteri	$\underbrace{\qquad}_{\text{Area Code}} = \underbrace{\frac{50}{434}}_{\text{Daytime Total Daytime Total}}$	-011 -EX-1.107	
Enclosed is a check for the f	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:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PBOBGYN Manage		
(Name of the Limited Liability Compan (A Florida Limited Li	iv as it now appears on our reciability Company)	cords.)
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on 2/27	118 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	nla
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	nla	
(Principal office address MUST BE A STREET ADDRESS)		18 3ECI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>nlq</u>	CHETARY OF S LAHASSEE, FL MAR -9 PH 7
-		DRIDA 03
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New 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 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>	Address	Type of Action
MGR	Vivian Viteri	4671 S. Congress Ave	
		51E100B	X Remove
		Lake Worth, FC 33461	□ Change
MGR	Samuel Ledermar (prescient)	246 1000	JÉ Add
		Lake War-In, Fl 331	-{ 6
Mar	Joy Cavalaris (Vice-President)	4671 S. Congress Ave Ste100 B	_ X ∧dd
		Lake Worth, Fr. 3346	01 □ Remove
			□ Change
<u>MGR</u>	Lori Sevald (Treasurer)	4671 S. Congress Au Ste 100B	Add
		Lake worth, FC 334	Remove
			Change
			🗆 Add
			Remove
			□ Change
			□ Add
			_ 🗆 Remove
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(If an ef <u>Note:</u>	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early 90th day after the record is filed.	rlier of:
Dated	March and 2018.	
	Signature of a member or authorized representative of a member	
	Samuel Lederman, MD Typed or printed name of signee	

D.

Page 3 of 3

Filing Fee: \$25.00