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SECRETARY OF STATE

M. MILLIGAN MAR 2 8 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sunshine Wids Pediatric Care, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Maymon Name of Person
Sunshine Wide Podicy in Care un
1710 Middle River pr.
Tost Leverdala RC 33305 City/State and Zip Code dovid Maymon 100 amgil. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David May non at (957) 881 82300 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certified Copy \$\Bigcup \$ Certified Copy \$\Bigcup \$\Bigcup \$ Certified Copy \$\Bigcup \$ Certified Copy \$\Bigcup \$\Bigcup \$ Certified Copy \$\Bigcup \$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF AMENDMENT
TO $\mathcal{I}_{\mathcal{A}_{A}}}}}}}}}}$
ARTICLES OF ORGANIZATION
OF ATTORES TO A
ARTICLES OF AMERITATION OF Sunshine Wids Pedict of Core Lie Constitution (Name of the Limited Liability Company) (Name of the Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter 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)
3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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** ☐ Add ☐ Remove _□ Change □ Add □ Remove _ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add

☐ Remove

☐ Change

D. If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	Change effectue bete
_	+10m 6/1/18
 - -	90
-	Hurr You.
_	
(If an effe Note: I	ve date, if other than the date of filing: O 3 / / 3 / 8 (optional) ctive 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 (3)(b f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	8 ignature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member mg.

Page 3 of 3

Filing Fee: \$25.00