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COVER LETTER

	Registration/Sec Division of Corp			
SUBJEC	Elite Gynec	ology Care, LLC		
SOBJEC	- I · · <u> </u>	Name of Limi	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter t	to the following:	
		Jennifer Perez, Esq.		
			Name of Person	
			Firm/Company	
		3225 Aviation Avenue		
			Address	
		Miami, FL 33133		
			City/State and Zip Code	
		jennperez@femwell.com		
		E-mail address: (t	to be used for future annual report notif	fication)
For furth	er information co	oncerning this matter, please ca	all:	
Jennifer	Perez		at () 273-4641 Area Code Daytime	
	Name of	Person	Area Code Daytimo	e Telephone Number
Enclosed	d is a check for th	e 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: 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

Elite Gynecology Care, LLC				
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our imited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Com	npany were filed on 04/06/201	8	and assig	ned
Florida document number <u>L18000087739</u> .				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:			
Elite Gynecology Miami, LLC				
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	on "LLC" or the abbrevia	ttion "L.L.	C."
Enter new principal offices address, if applicable:		 .	P.S	
(Principal office address MUST BE A STREET ADDRES	CC)		<u> </u>	
THICIPAL OFFICE GUATESS MOST DE A STREET ADDINES	<u> </u>	30 T	- 3	* *
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Enter new mailing address, if applicable:				1 4 '
(Mailing address MAY BE A POST OFFICE BOX)			င္မာ	·· ···
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B. If amending the registered agent and/or register registered agent and/or the new registered office addres		records, <u>enter the</u>	name of	f the no
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stred	et address		
		, Florida		
	City	Zo	ip Code	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□ Change
			
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not mee Department of State	et the applicable te's records.	statutory filing requ	irements, this date	will not be liste	ed as t
The 90th day after the re		2018				
ne record specifies a delay The 90th day after the re Dated April 12		2018				
The 90th day after the re	Signatur of a me		d representative of a m	ember	2618 [A]	
The 90th day after the ro	Signalur of a me		d representative of a m	ember	A YANG	ومرس
The 90th day after the re				ember	<u></u>	

Filing Fee: \$25.00