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0/11/2021

COVER LETTER

	stration Section sion of Corporations	
OLIB HEZZE	Linda Sternau, MD, LLC	
SUBJECT:	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:	
	1619e Doineadios	
	CNS Group Management, UL	
	80 Bux 430885	
	Soth Miami, FL 33240-0885	
	Soth Miami, FL 33240-0885 City/State and Zip Code j doin eadios & the cns group, net 1:-ntail address: to be used for future annual report notification)	
For further in	Formation concerning this matter, please call:	
701	3e Doinneadios at (786) 456-400 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:	
√ 2 \$25.00 £	ling Fee	

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

FILED

	0	F		2021 SEP -7	PM 7:41
Linda Sterr (Name of the Limited Liah) (A Flori	1 4 U ility Compa ida Limited L	MS Unvasit not appea	_C rs on our reco	SECRETARY FAIL AHASSE	0F STATE E. #LURI
The Articles of Organization for this Limited Liability Florida document number <u>L 18001777</u>	Company		/		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lit	mited li <u>ab</u> i	ility company h	<u>ere</u> :		
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD					(let #809
Enter <u>new mailing address</u> , if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO E South	Sox 4 -, Miral	30885 n7, FL	33243-0885
B. If amending the registered agent and/or register agent and/or the new registered office address here		nddress on our r	ecords, <u>ent</u>	er the name of	the new registered
Name of New Registered Agent: New Registered Office Address:	Lir 280 Aven	Na St I N.E.: Lura	ernas 2135 uda sireet add	reet, Florida 3	#809 3180
					•

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 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 No Changes

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
	•		□Remove
			□Change
			□Add
			□Remove
		· · ·	□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			ClChange
			□Add
			□Remove
			∐Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Change of Address for Manager
Linda Sternau, MD
Change of Address for Manager Linda Sternau MD 280, N.E. 213'street, 7809 Aventura, FL 33180
Aventura, FL 33180
E. Effective date, if other than the date of filing: (optional) (If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated .
Dated
Signature of a member or authorized representative of a member
Lorge Doineadios Typed or printed name of signee

Filing Fee: \$25.00