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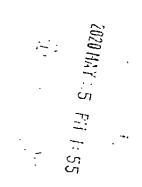
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Special Instructions to Filing Officer:				
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COVER LETTER

то;	O: Registration Section ' Division of Corporations						
CHDIT	FOX VASCULAR EXPERTS, LLC SUBJECT: Name of Limited Liability Company						
SUBJE							
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Jordan Isicoff					
	Name of Person						
		Isicoff Ragatz					
	Firm/Company						
	601 Brickell Key Drive, Miami, FL 33131						
Address							
		Miami FL 33131					
			City/State and Zip Code				
		sjkang@isicoff.com E-mail address: (to be used for future annual report noti	fication)			
For fur	ther information c	oncerning this matter, please c					
Soo Jii	n Isicoff		305 304-8304				
Name of Person			e Telephone Number				
Enclose	ed is a check for t	he following amount:					
≡ \$2	5.00 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 5 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Sed Division of Cor The Centre of To 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOX VASCULAR EXPERTS, LLC	2020 HAY '5 PH 1:55	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company lorida document number <u>L18000236138</u> .	were filed on 10/05/2018 and assigned	
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ulity company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:	2699 STERLING ROAD	
Principal office address MUST BE A STREET ADDRESS)	301 - 302 A	
	HOLLYWOOD, FL 33312	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regist</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City Zip 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member 2020 MAY 15 PH 1: Type of Action <u>Address</u> **Title** Name MGR ASSOCIATES IN FAMILY PRAC 4780 SW 64TH AVENUE **DAVIE, FL 33314** Remove __ __ _ _ Add _____ __ __ __ __ Remove ____ □Add _____ □Change ____ __ ___ DAdd □ Change __ □ Add □Remove

____ Change

Page 2 of 3	· ,
D. If amending any other information, enter change(s) here: (Attach additional sheets, if naces are)	5 PH 1:50
	
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E. Effective date, if other than the date of filing: (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.) Pursu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ant to 605.0207 (3)(b) of be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 40 the 90th day after the record is filed.	ne earlier of:
Dated April 25	
Signature of a member or authory of representative of a member	
SUSAN FOX	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00