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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations				
PG CARE	DIOVASCULAR SPECIALIST	· ULC •			
Subject:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	PAVEL GONZALEZ				
•		Name of Person			
PG CARDIOVASCULAR SERVICES LLC .					
Firm/Company					
		Address			
	MIAMI, FL 33175				
	SERMARTI04@YAHOO.CC	City/State and Zip Code DM			
	E-mail address: (to be used for future annual report notifi	-cation)		
For further information	concerning this matter, please e	all:			
PAVEL PARDO		786 525-3553 at ()			
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	the 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 tadditional copy is enclosed		
Regist Divisi	ANG ADDRESS; ration Section on of Corporations Box 6327	STREET/COURI Registration Section Division of Corport Clifton Building	١		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PG CARDIOVASCULAR SPECIALIST LLC

	TO		6 A
ARTICLES O	F ORGANIZAT	ION	19 M
	OF		189. 1 N
			Block Strong
PG CARDIOVASCULAR SPECIALIST LLC			1/2 / 1/2 /
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appear	s on our records.)	مِ مِ
ter tourse the	med rinamity Company		
The Articles of Organization for this Limited Liability Com	ipany were filed on <u>10/</u>	24/2018	and assigned
Florida document number L18000249941	. ,		_
- I wind document mander			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	Llinkility oomnaay ka	B745 *	
· · · · · · · · · · · · · · · · · · ·	manning company ne	<u> </u>	
PV CARDIOVASCULAR SPECIALIST LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company, the de	Esignation "LLC" or th	ie abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	SS)		
			
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered		our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered office address	s here:		
Name of New Registered Agent:			
Mary Dagietarad Office Address			
New Registered Office Address:	Enter Flori	ida street address	
		Florida	Zip Code
	× 47)		zaje e rece

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. Thereby 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
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an ette <u>ote:</u>	ve date, if other than the date of filing:
	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.
ated	JANUARY 11 2019.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00