

L19000001479

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JUN 21 2019
S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JUN -7 PM 6:35

FILED

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

Comprehensive Hematology Oncology, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 27, 2018 and assigned Florida document number L19000001479.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5000 Park Street N.

St. Petersburg, FL 33709

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5000 Park Street N.

St. Petersburg, FL 33709

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER	Pratibha Desai, MD	5000 Park Street N.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33709	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
OWNER	Pariksith Singh, MD	5000 Park Street N.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33709	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Karen Hayes	14690 Spring Hill Drive	<input type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Spring Hill, FL 34609	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 June 4, 2019

Signature of a member or authorized representative of a member

Karen Hayes, Manager

Typed or printed name of signee