L19000010812

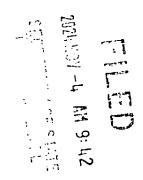
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TO:	Registration Sec Division of Corp		·				
SUBJE	PALM VASCULAR CENTER OF TREASURE COAST, LLC						
110 155 12	C1.	Name of Lin	ited Liability Company				
		mendment and fee(s) are subdence concerning this matter	-				
		LEE F. LASRIS					
			Name of Person				
	LASRIS HEALTH LAW CENTER, PA						
							
	1250 S. PINE ISLAND ROAD, SUITE 300 Address PLANTATION, FL 33324						
		LEE@LASRISHEALTHL	City/State and Zip Code				
		ication)					
For furth	ier information con	ncerning this matter, please c	all;	202			
BELIN	DA WARD		call: 202 202 202 202 202 202 202 202 202 20				
-	Name of	Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for the	following amount:					
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)			
	Mailing Address:		Street Address:				

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

PALM VASCULAR CENTER OF TREASURE COAST, LLC

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records. Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 01/19/2019 and assigned lorida document number L19000010812				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" (or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1111 SE INDIAN STREET, SUI	TE 101		
(Principal office address MUST BE A STREET ADDRESS)	STUART, FL 34997			
Enter new mailing address, if applicable:	PO BOX 6907	20		
(Mailing address MAY BE A POST OFFICE BOX)	DELRAY BEACH, FL 33482			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	ne name of the new registered		
New Registered Office Address:	Enter Florida street address			
	Florida			
·	City	ida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is		
IF Char	naing Bagistered 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 **Title** Name Address Type of Action ______Remove _____ Change □Add □Remove _____ Change _____ □Remove _____ □ Change

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If an effective Note: If the	ate, if other than date is listed, the da date inserted in the effective date on	te must be specit his block does	fic and cannot be not meet the a	prior to date of fi pplicable statut	ling or more than		ng.) Pursuant to 60	
,	cifies a delayed ef	fective date, bu	n not an effecti	ive time, at 12:	01 a.m. on the e	arlier of: (b)	The 90th day aft	er the
rd is filed.	OBER 30		2024					
rd is filed.	OBER 30		· 2024	·				
e record specred is filed. Dated OCT	OBER 30	Signature		authorized repre	sentative of a mer	nber		

Title

2024.10.30 PVC of Treasure Coast, LLC - Address...

File name

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