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COVER LETTER

	tion Section of Corporations
SUBJECT:	AFFILIATED PEDIATRICS OF SOUTH FLORIDA LLC Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	errespondence concerning this matter to the following:
	LAQUINTA HYPPOLITE Name of Person
	AFFILIATED PEDIATRICS OF SOUTH FLORIDA, LLC Firm/Company
	3829 HOLLYWOOD BLUD SUITE A. Address
	Horrywood, FL 33021 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
	tame of Person at (954) 966-7337 Area Code Daytime Telephone Number
1	Fame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing F	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFFILIATED PEDIATRICS OF SOUTH FLORIDA LLC

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

(A Florida Limited Liability Company)

(11.10)134 2.	miled Eldonity Company)	•
The Articles of Organization for this Limited Liability Com-	npany were filed on /	MARCH 19, 2019 and assigned
Florida document number L 19000076765		und morgined
Frontal document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company h	ere:
The new name must be distinguishable and contain the words "Limited	Liability Company," the c	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		
		23
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on s here:	our records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent's	<u>gent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of Las provided for in C	my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

GR = M 1BR = A	lanager uthorized Member		
<u>le</u>	<u>Name</u>	Address	Type of Action
GR	TOMAS WHARTON	8700 S.W. 97th TERR Miami, FL 33176	 Add
		Miami, F2 33176	Remove
			Change
			Add
			Remove
			Change
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			□ Remove
			Change
			
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cffective t <u>e:</u> If th	date, if other the date is listed, the ne date inserted is effective date of	date must be sp in this block d	occific and cocs not me	cannot be preet the app	ior to date d licable sta	of filing or	more than 9	0 davs afte	i onal) r filing.) Pu s date wil	rsuant to 60 I not be fis	5.020 ted as
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he 90t	JUNE	= 19		2019	7/	1	,-				
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Page 3 of 3

Filing Fee: \$25.00