

L19000143409

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FISHER BROYLES, LLP
Account Number : I20180000022
Phone : (813)200-6114
Fax Number : (813)402-0556

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ajmehtamd@gmail.com

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DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MEHTA CARDIOLOGY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

COVER LETTER**TO: Registration Section
Division of Corporations**

Mehta Cardiology, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ajay Mehta, M.D.

Name of Person_____
Firm/Company

3036 SW 113th Drive

Address

Gainesville, FL 32608

City/State and Zip Code

ajmehtand@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Radha Bachman

813

200-6114

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed 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)☐ \$60.00 Filing Fee,
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 32301FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mehta Cardiology, 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 06/06/2019 and assigned
Florida document number L19000143409

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)**3036 SW 113th DriveGainesville, FL 32608**Enter new mailing address, if applicable:****(Mailing address MAY BE A POST OFFICE BOX)**3036 SW 113th DriveGainesville, FL 32608**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:**3036 SW 113th Drive*Enter Florida street address*Gainesville*City*, Florida 32608*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

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CLERK OF CIRCUIT COURT
19 OCT 30 PM 12:13

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>
AMBR	Ajay Mehta	3036 SW 113th Drive	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32608	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

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.

Dated October 29, 2019


Signature of _____

Ajay Mehta

Typed or printed name of signee