Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : T20010000062 : (323) 962-8600 Phone

Fax Number

: (323)962-3889

\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. \*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SF INTERNIST LLC

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Corporate Filing Menu

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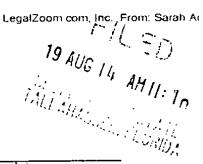
K. SALY

TO:

## **COVER LETTER**

	NIST LLC		
SUBJECT:	Name of Limited Liability Company  Inclosed Articles of Amendment and feets) are submitted for filing.  Included Articles of Amendment and feets) are submitted for filing.  Cheyenne Moseley    Name of Person		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	*****
	Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  Cheyenne Moseley  Name of Person  Legalzoom.com, Inc.  Firm/Company  101 N Brand Blvd 11th Fl  Address  Glendale, CA 91203  City/State and Zip Code slavisa7@hotmail.com  E-mail address: (to be used for future annual report notification)  nation concerning this matter, please call:  ey  at (800) 773-0888  Name of Person  Area Code  Daytime Telephone Number  Ck for the following amount:  See  Certificate of Status  Certified Copy (additional copy is enclosed)  MAHLING ADDRESS: Registration Section Division of Corporations Plots of Corporations Clifton Building		
		Firm/Company	<u></u>
	101 N Brund Blvd 11th Fl		
	-	Address	
	Glendale, CA 91203	Name of Person  Name of Person  nc.  Firm/Company  Hith Fl  Address  O3  City/State and Zip Code  com  address: (to be used for future annual report notification)  please call:  380  773-0888  at Area Code  Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	
		City/State and Zip Code	
	<u>-</u>	to be used for biture annual report no	tification)
For figther information		·	
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•	of Person	at ()	ne Telephone Number
	V. ( C. (	,	•
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Centified Copy	Certificate of Status & Certified Copy
Regis Divis P.O. 1	tration Section ion of Corporations	Registration Sect Division of Corpo Clifton Building	ion prations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



46.0 (0.000) 1.0			The Config.			
SF INTERNIST LLC (Nume of the Limit	ted Liability Compa	ny us it now appears on our records.)				
	(W Florida Finnica F	naomicy Company)				
The Articles of Organization for this Limited L Florida document number L19000173256	iability Company	were filed on 07/03/2019	and assigned			
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company here:				
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."			
Fotor new principal offices address, if applied	new principal offices address, if applicable:  845 SW 13th St.					
(Principal office address MUST BE A STREE		Fort Lauderdale, FL 33315				
Enter new mailing address, if applicable:		845 SW 13th St.	_			
(Mailing address MAY BE A POST OFFICE BOX)		Fort Lauderdale, FL 33315				
	<del></del>		····			
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the			
Name of New Registered Agent:	Slavisa Markov	rie				
New Registered ()ffice Address:	845 SW 13th S					
		Enter Florida street address				
	Fort Lauderdak	Flori	ida 33315			

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.

City

Slavisa Mar

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Slavisa Markovic		
			□ Remove
		845 SW 13th St. Fort Lauderdale, FL 33315	■ Change
AMBR	Slavisa Markovic		Add
			☐ Remove
		845 SW 13th St. Fort Lauderdale, FL 33315	
MGR	Smiljana Markovic		D Add
			Remove
		845 SW 13th St. Fort Lauderdale, FL 33315	
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Filing Fee: \$25.00