

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001779013)))



H220001779013ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BANYAN PEDIATRIC CARE CENTERS - ST. PETERSBURG, LEC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

⊙ 05/19/2022 7:04 AM

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

→ 18506176383

BANYAN PEDIATRIC CARE CENTERS - ST. PETI (Name of the Limited Liability Compa (A Florida Limited L		
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000193722</u> .	were filed on 01/29/2019	and assigned
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 Liabil	lity Company" the designation "LLC" or the a	bhreviation "L.L.C."
The new matter thust be distinguishable and contain the words. Entired Entire		
Enter new principal offices address, if applicable: [7349 Merchant Court] [Address of Panch FL 34240]		.
(Principal office address MUST BE A STREET ADDRESS)	Lakewood Ranch, FL 34240	
Enter new mailing address, if applicable:	7349 Merchant Court	
(Mailing address MAY BE A POST OFFICE BOX)	Lakewood Ranch, FL 34240	
		
B. If amending the registered agent and/or registered office	address on our records, enter the nai	ne of the new registered
agent and/or the new registered office address here:		2 H
		AY
Name of New Registered Agent:		- (1 • • = = ≥)
N. B. Court Office Address		
New Registered Office Address:	Enter Florida street address	- <u> </u>
	Florida	2
	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 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>	Name	Address	Type of Action
MBR	BANYAN PEDIATRIC CARE CENTERS - OPS, LLC	7349 Merchant Court	□Add
		Lakewood Ranch, FL 34240	Remove
			□Add
			□ Remove
			Change
			□Add
			Remove
			Change
			□Add
			□ Remove
			Change
			Remove
			☐ Change
			□Add
			Remove
			□Change

					<u></u>
			 	-	
		••			
	<u></u>	·FFFF		· · · · · · · · · · · · · · · · · · ·	
					
			 	<u>.</u>	
 					
			<u></u>		
		·····			
	<u> </u>		<u> </u>		
Effective date, if other the first of the fi	n this block does no	at meet the applicab	date of filing or more the statutory filing rec	(optional) nan 90 days after filing.) Pu puirements, this date wil	rsuant to 605,920' I not be listed as
e record specifies a delayed rd is filed.	effective date, but r	not an effective time	e, at 12:01 a.m. on th	ne earlier of: (b) The 9	0th day after the
Dated May 18		2022			
•	<i>a</i> 0				

Typed or printed name of signee