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R. WHITE DEC 05 26.

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Floriar Name of Limi	COCOT, M.	D., PLLC.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Max Ada	mS
	The	Medi Law firm Firm/Company	
		2151 S. Legeune	, RD#80C.
	Coral Evelynati	City/State and Zip Code  hemedi Icy wright. Co  to be used for future annual report noti	33134 Dm
For further information e	e-mail address: ( oncerning this matter, please o		пеноп
	lax Adams	al (305) 446, Area Code Daytin	/ - 9484 ne Telephone Number
Enclosed is a check for the	ne 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 Address:
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

(Name of the Limited Linbility Compan (A Florida Limited L	25/9[] -5 FM 10: 08  (7ega J. M.D. PLLC.  15 as it now appears on our records.)  (ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L/9000247944</u> .	were filed on 10 - 2 - 19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi  FOVIO  The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1050 OLD CAMP RD. SUITE 206 The Villages, FL 32162
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Dr. Florian Gegaj P.O BOX 38305 Oxford FL 34484
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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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fan effective Note: If th	e date is listed, the date must be date inserted in this bloc s effective date on the Dep	e specific and ca k does not me	annot be prior to ct the applicab	date of filing of the statutory f	or more than 90 days a	fler filling.) Pursuunt t	o 605.0207 e listed as
e record spe d is filed.	ecifies a delayed effective o	late, but not ar	n effective tim	e, at 12:01 a.	m. on the earlier of	(b) The 90th day	after the
Dated	12.	106,	2014	. •	,		
	C-17000	•			/ whi		
	- Si	gnature of a me	mber or authori	zed represents	ntive of a member		-
	FLORIAN GEC						

Filing Fee: \$25.00

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>		Address Home	Type of Action
MAR	KRISTINA	KRASNIGI-GEGAT	12431 NE 52 nd Loop, OXFORD,	
	work: 1050 The	Old Camp 2d. S. Villages, FL 3216	12431 NE 52nd Loop, OxFORD, p uite 206 2	🗆 Remove
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