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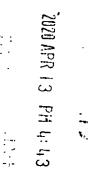
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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O SIMMONS APR 23 2020

Re: Florida Document number: L19000259720

New name - MayaHealthMd LLC

To Whom It May Concern:

Please see attached form to amend the articles of organization. I am requesting a name change and removal of 2 managers.

Regards,

Natasha Rai

Address: 14777 Seton Creek Blvd, Winter Garden, Florida 34787

Email:

natasharaimd@gmail.com

Phone number: 4075767355

COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

| SHRIPCT. | Clinical trial r | network, Florida LLC | | | | |
|---|--|--|--|--|--|--|
| SUBJECT: Name of Limited Liability Company | | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for tiling. | | | | |
| Please return all correspondence | ondence concerning this matter | to the following: | | | | |
| | Natasha Rai | | | | | |
| | سفنا سانس ن ۱۹۰۰ | Name of Person | | | | |
| | | Firm/Company | | | | |
| | 14777 Seton Creek Blvd, | | | | | |
| | | Address | | | | |
| | Winter Garden, Florida, 3- | 1787 | | | | |
| | | City/State and Zip Code | | | | |
| | natasharaimd@gmail.com | | | | | |
| | E-mail address; (| to be used for future annual report no | tification) | | | |
| For further information of | concerning this matter, please c | all: | | | | |
| Natasha Rai | | 407 5767355 | | | | |
| Name o | f Person | at () Area Code Daytii | me Telephone Number | | | |
| Enclosed is a check for t | he following amount: | | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| Mailing Address | <u>ss:</u> Section | Street Address: Registration So | action | | | |
| Registration Section Division of Corporations | | Division of Co | | | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 APR 13 PH 4: 43 Clinical trial network, Florida 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 October 28, 2019 and assigned Florida document number $\frac{L19000259720}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MayaHealthMD LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 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

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 2029 APR 13 Action: 43 AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** 2006 Wineberry Drive, Katy, Texas 77450 MGR Nawah Faroog Baloch _ □Add - ' _ ≣Remove _____ □Change MGR Sarosh Ahmed 3505 Sage Road, Houston, Texas 77056 **■**Remove _____ □Change _____ □Add _____ □Remove _____ □Add _ □Remove ____ □ Add _ □Remove ☐ Change □Add □Remove

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| ffective date, if other than the d | ate of filing: | (opti | onal) |
| an effective date is listed, the date must bote: If the date inserted in this block | k does not meet the applicable state | filing or more than 90 days afte utory filing requirements, th | r filing.) Pursuant to 605.0207 (3) is date will not be listed as the |
| ocument's effective date on the Dep | partment of State's records. | | |
| record specifies a delayed effective is filed. | date, but not an effective time, at 12 | 2:01 a.m. on the earlier of: (1 | 5) The 90th day after the |
| April 9, 2020 | 2020 | | |
| | | | |
| S | ignature of a member or authorized rep | resentative of a member | |
| | 7 | *** | |
| | Natasha Rai | | |

Filing Fee: \$25.00