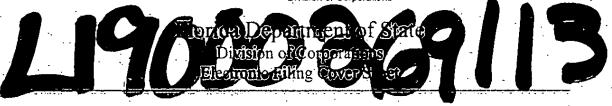
· Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: ALLSTATE MEDICAL CONSULTING, INC.

Account Number : I20110000067

Phone

: (786)362-0124

Fax Number

: (305)675-0701

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 UNIFIED MEDICAL LLC

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Estimated Charge	\$25.00

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Corporate Filing Menu

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T. LEYGEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

* %	OF		
UNIFIE	D. MED	2019 DEC -9 P 2: 33	
(Name of the L	Imited Liability Comp (A Florida Limited	any as it dow appears on our records: LAHASSEE, FLORID.	
The Articles of Organization for this Limited	d Liability Company	y were filed on 12 07 15 and assigned	
Florida document number 1903		113	
This amendment is submitted to amend the f	ollowing:		
A. If amending name, enter the new name	e of the limited liab	pility company here:	
The new name must be distinguishable and contain th	ic words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if app		15495 EAGLE NEST LANE	
(Principal office address MUST BE A STR)		SUITE 130	
		MIAMI LAKES, FL 33014	
Enter new mailing address, if applicable:		15495 EAGLE NEST LANE	
Mailing address MAY BE A POST OFFIC	<u>E BOX)</u>	SUITE 130	
		MIAMI LAKES, FL 33014	
B. If amending the registered agent an registered agent and/or the new registered	d/or registered of office address here	ffice address on our records, enter the name of the ne-	
Name of New Registered Agent:	FELICETTI, TR	REVOR	
New Registered Office Address:	15495 EAGLE		
		Enter Florida street address	
	MIAMI LAKES	, Florida 33014	
lew Registered Agent's Signature 15	. 19	City. Zip Gode	
lew 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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MBR = Aut	horized Member		
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70 CHCCH	ve date is listed, the date must be the date inserted in this block 's effective date on the Depar	committee and an in a	t be prior to date in	filing or more the		ional)		

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