L19000270957

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COVER LETTER

Division of Cor			
Syed Ali Ll	,C	• • • • • • • • • • • • • • • • • • • •	
SUBJECT:	<u>. </u>		
	Name of Lim	ited Liability Company	
Syed Ali LLC Name of Limited Liability Company			
Please return all correspo	ondence concerning this matter	to the following:	
	Dr Syed Ali		
		Name of Person	
		Firm/Company	
	13067 N Telecom Parkway		
	·	Address	
	Temple Terrace, FL 33637		
	jgriffith@pioneermedicalpl.		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Jarrod Scharber		352 5674690	
		at ()	77 1 1 X A
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Syed Ali LLC				
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our reco ed Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Compa L19000270957 Florida document number	my were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L	.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>ent</u>	er the name of the new registered		
New Registered Office Address:	Enter Florida street add	ress		
	. Florida			
	Ciņ	Žip Code		
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compleaccept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of <mark>m</mark> y duties, as provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is		

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

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ana Ali	31796 Tortuga Shore loop	
			= Add
		Wesley Chapel, FL 33545	
			□Remove
			-
			□Change
			□Remove
			Change
		<u> </u>	□Add
			□ Remove
			□Change
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PC - alice of care if with our though	ka data of filings		(optional)	
ffective date, if other than t an effective date is listed, the date r	nust be specific and cannot be prio	r to date of filing or more tha	n 90 days after filing.) Pursuant to 60)5,0207
vote: If the date inserted in this locument's effective date on the	Department of State's records		irements, this date will not be lis	sicu as i
record specifies a delayed effect is filed.	tive date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day aft	er the
January I	2020			
Dated		·		
	2 N. 1/1 / /			

Typed or printed name of signee