

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

## Certificates of Status

Special Instructions to Filing Officer:

[illegible]

11/17/23--01025--024 \*\*25.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pioneer Critical Care LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Griffith  
Name of Person

Pioneer Critical Care  
Firm/Company

13067 N Telecom Parkway  
Address

Tampa FL 33637  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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**

Pioneer Critical Care 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 December 18, 2019 and assigned Florida document number 220000000929.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

**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

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 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>Syed Ali LLC</u>	<u>13067 Telecom Parkway N</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa FL 33637</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MBR</u>	<u>Tampa Critical Care + Pulmonary</u>	<u>3418 W Dorchester Street</u>	<input type="checkbox"/> Add
		<u>Tampa FL 33611</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MBR</u>	<u>MFB CCM Management LLC</u>	<u>27245 Roseling Court</u>	<input checked="" type="checkbox"/> Add
		<u>Wesley Chapel FL 33544</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MBR</u>	<u>Syed Salman Aslam</u>	<u>3418 W Dorchester Street</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa FL 33611</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MBR</u>	<u>Tampa CCM INC</u>	<u>3418 W. Dorchester Street</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa FL 33611</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MBR</u>	<u>Legacy Pulmonology LLC</u>	<u>16311 <del>to 311</del> Hyde Manor Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa FL 33647</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 1, 2023

Signature of a member or authorized representative of a member

Syed Ali  
Typed or printed name of signee