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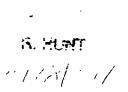
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

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Certificate of Status Certified Copy Certificate of Sta	UBJECT:	Name of Lin	ited Liability Company	
SANGHAMITRA SADHU PHYSICIAN FINANCE BASICS LLC Firm/Company 2582 MAGUIRE RD, UNIT 249 Address OCOEE, FL 34761 City/State and Zip Code PHYSICIANFINANCEBASICS@GMAIL.COM E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: SANGHAMITRA SADHU at (The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Name of Person PHYSICIAN FINANCE BASICS LLC Firm/Company 2582 MAGUIRE RD, UNIT 249 Address OCOEE, FL 34761 City/State and Zip Code PHYSICIANFINANCEBASICS@ GMAIL.COM E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: SANGHAMITRA SADHU at (Please return all correspo	ondence concerning this matter	to the following:	
PHYSICIAN FINANCE BASICS LLC FirmvCompany 2582 MAGUIRE RD, UNIT 249 Address OCOFE, FL 34761 City/State and Zip Code PHYSICIANFINANCEBASICS@GMAIL.COM E-mail address: to be used for future annual report notification) for further information concerning this matter, please call: SANGHAMITRA SADHU 305 469-7146 at (SANGHAMITRA SADH	U	
Firm/Company 2582 MAGUIRE RD, UNIT 249 Address OCOEE, FL 34761 City/State and Zip Code PHYSICIANFINANCEBASICS@ GMAIL.COM E-mail address: tto be used for future annual report notification) for further information concerning this matter, please call: SANGHAMITRA SADHU Name of Person Area Code Daytime Telephone Number at (Name of Person	
Address OCOEE, FL 34761 City/State and Zip Code PHYSICIANFINANCEBASICS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SANGHAMITRA SADHU Name of Person Area Code Daytime Telephone Number acclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate Of Status		PHYSICIAN FINANCE I	BASICS LLC	
Address OCOEE, FL 34761 City/State and Zip Code PHYSICIANFINANCEBASICS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SANGHAMITRA SADHU Name of Person Area Code Daytime Telephone Number Inclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certificate Of Status Certificate Of Status Certificate Of Status			Firm/Company	
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☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certificate of Status Certified Copy Certificate of Status	Name o	of Person	Area Code Daytimo	e Telephone Number
Certificate of Status Certified Copy Certificate of Sta	inclosed is a check for the	he following amount:		
	□ \$25.00 Filing Fee			\$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

PHYSICIAN FINANCE BASICS LLC			
(<u>Name of the Limited I</u> (A	Liability Compa Florida Limited I	ny as it now appears on our reco Liability Company)	(ds.)
The Articles of Organization for this Limited Liabi		were filed on MARCH 31, 20	and assigned
Florida document number 1,20000093545	·		
his amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liab	lity company here:	
LEAN PRIVATE PRACTICE SOLUTIONS LLC			
The new name must be distinguishable and contain the words	s "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	N/A	
Principal office address MUST BE A STREET A	(DDRESS)		
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE BO	(X)		
STATE OF THE BO	<u> </u>		
			
3. If amending the registered agent and/or registered affice address h		ddress on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street addre	288
		F	Torida
-		Cuv	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>	Address	Type of Action
	N/A		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Page 2 of 3

Effective date, if other than the date of filing: (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.) Parsuant to 6005,0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated MAY 2-ITH 2024 MAY 2-ITH 2024 Signature of a merybber or authorized representative of a member	<u>-</u>	V/A
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:		
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Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing: (optional) 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 (More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. MAY 2-ITH 2024		
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The 90th day after the record is filed. Dated	Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
Dated		
	Dated _	MAY 24TH 2024
Signature of a member or authorized representative of a member		La al . La la de
		Sanfram in

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