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COVER LETTER

TO:

Registration Section Division of Corporations

011m 1m 0m	ntic Medical Services LLC			
Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Peter Krieger			
		Name of Person		
	Mid Atlantic Group			
		Firm/Company		
	3801 PGA Blvd Ste 600			
		Address		
	Palm Beach Gardens, Fl. 3	3410		
		City/State and Zip Code		
	Pkrieger123@aol.com			
	E-mail address: (to be used for future annual report no	ification)	
For further information	concerning this matter, please c	all:		
Peter Krieger		561 3097396		
Namo	of Person	at () Area Code Daytir	ne Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addi Registration Division of P.O. Box 6: Tallahassee	Section Corporations 327	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mid Atlantic Medical Services LLC			
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our rec ed Liability Company)	ords.)	_
The Articles of Organization for this Limited Liability Compa	my were filed on 4/20/20	an	d assigned
Florida document number 1.20000107862			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
Mid Atlantic Partners LLC			
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "I	LC" or the abbreviation	g "L.L.C."
Enter new principal offices address, if applicable:		1500 ROG	ਤੂੰ
Principal office address MUST BE A STREET ADDRESS)			
		<u>}</u> α	· [
		SER A	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		- H 8	
B. If amending the registered agent and/or registered offic	ce address on our records, <u>em</u>	ter the name of th	e new regis
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street add	dress	
		Florida	
	;		"ode

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 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
			□Add
			□Remove
			Change
			□Add
			□Remove
			hange
			hange Schange
			CS € Remove
			6. 3 Change
			
			□ Remove
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			□Add
			□Remove
			□Change
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			□Change

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Signature of a member of authorized representative of a member	f - f			1 14 4				

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Typed or printed name of signee