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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
OVADIA I	HEART HEALTH, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
		. , ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		<u>-</u>	
riease return an correspo	ondence concerning this matter	to the following:	
	Philip C Ovadia		
	· · ·	Name of Person	
	OVADIA HEART HEAL	TH, LLC	
	**************************************	Firm/Company	
	3210 BAYOU PLACIDO	BLVD NE	
		Address	
	ST PETERSBURG, FL 33	703	
	-	City/State and Zip Code	
	philip.ovadia@ovadiaheart	nealth.com	
		to be used for future annual report noti-	fication)
For further information of	oncerning this matter, please c	all:	
Philip C Ovadia		617 480-6639 at ()	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he fallowing amount:		
	_	C \$55 00 Elling Eq. 8	☐ \$60.00 Filing Fee.
₩ 525.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OVADIA HEART HEALTH, LLC

(Name of the Limited Liability Company as it now appears on orderecords.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited List Florida document number <u>L20000113810</u>	ability Company	were filed on 04/27/20)20	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
OVADIA MEDICAL CONSULTING GROUP, LL	С			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designa	ition "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ıble:	3210 BAYOU PLAC	IDO BLVD NE	
(Principal office address MUST BE A STREET ADDRESS)		ST PETERSBURG, F	FL 33703	
		-		
Enter new mailing address, if applicable:		3210 BAYOU PLAC	IDO BLVD NE	
(Mailing address MAY BE A POST OFFICE B	<u>30X)</u>	ST PETERSBURG, F	TL 33703	
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office a	address on our record	s, <u>enter the name c</u>	of the new registered
Name of New Registered Agent:	PHILIP C OVA	DIA		
New Registered Office Address:	3210 BAYOU I	PLACIDO BLVD NE		
		Enter Florida str	eet address	
	ST PETERSBU	IRG	, Florida 33703	;
		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>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	-PLEASE AMEND MY BUSINESS PURPOSE TO READ: HEALTHCARE MANAGEMENT, REGLUATORY
	COMPLIANCE, FINANCIAL MANAGEMENT, STRATEGIC PLANNING, QUALITY OF PATIENT CARE
	AND INCREASED OPERATION EFFICIENCY.
	PLEASE AMEND MY SIC CODE TO REPRESENT MY BUSINESS PURPOSE/DESCRIPTION: 8742
-	PLEASE AMEND MY NAICS CODE TO REPRESENT MY BUSINESS PURPOSE/DESCRIPTION TO
- ! -	BE: 524114-08
-	
-	
-	
_	
-	
-	
_	
n effe <u>te:</u>	ve date, if other than the date of filing:
core s fil	d 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 ed.
ed _	February 28 . 2024 . Signature of a member or authorized representative of a member
	Philip C Ovadia
	Typed or printed name of signee