## L20000124703

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## **COVER LETTER**

TO: Registration Section Division of Corporations							
eudiect.	ELITE PHYSICIAN ASSOCIATES LLC						
SUBJECT;	<del></del> _	Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		RICHARD PEREZ PEREZ	7.				
		hichard	Name of Person  Pell 2 (010 2)  Firm/Company				
		10240 SW 56TH ST_STE	111-D				
			Address	- <del></del>			
		MIAMI,FL,33165					
			City/State and Zip Code				
			to be used for future annual report no	tification)			
For further in	iformation c	oncerning this matter, please co	all:				
RICHARD F	PEREZ PER	EZ	786 877-0543				
	Name o	f Person		me Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section		Street Address: Registration S	ection				
Division of Corporations			Division of Corporations				
	). Box 632 lahassee, l		The Centre of				
1 41	тапаббСС, Т	しょ きんきしき	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE PHYSICIAN ASSOCIATES LLC

2020 Jr. - 1 PH 4: 16

(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 w	rere filed on	and assigned
Florida document number L20000124703		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Parker and the Parker of the Parker bloom		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
Maning agaress MAT BE A POST OFFICE BOA		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter t</u>	he name of the new registered
	•	
Name of New Registered Agent:	. <del></del>	
New Registered Office Address:	Esta Elsaida de addam	
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		
		ridaZip Code
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree	Ciņ	rida Zip Code

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
MGRM	ANIEL NAVARRO MARIN	9820 SW 60TH ST,MIAMI,FL,33173	□Add
			□Remove
			<b>≡</b> Change
		<del></del>	□Add
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