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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803 : (855)330-1010

Fax Number

Y SULKER

SEP 2 4 2020

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDPRO SHARE SPACES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDPRO SHARE SPACES 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 I	iability Company	were filed on 05/1	.8/2020 and assigned	
Florida document number L20000133207	··			
This amendment is submitted to amend the foli	owing:			
A. If amending name, enter the new name of	of the limited liab	ility company here	::	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli-	cable:	7901 4th St N		
(Principal office address MUST BE A STREI		STE 300		
<u></u>		St. Petersburg FL 33702		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7901 4th St N STE 300		
		St. Petersburg FL 33702		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	ffice address her		our records, <u>enter the name of the new</u>	
	7901 Ath	St N STE 300		
New Registered Office Address:	1301 401	Enter Florida street address		
	St. Peters	burg	Florida 33702	
		City	Zip Code	
Nam Registered Agent's Signature if changing	Registered Agent:			

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SANDIP PATEL	7901 4th St N	
		STE 300	Remove
		St. Petersburg, FL 33702	🖸 Change
·			
			🗖 Remove
			Change
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E. Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable	date of filing or more than 90 da e statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.0207 (3) its, this date will not be listed as the
if the record specifies a delayed ef (b) The 90th day after the record		п effective time, at 12	:01 a.m. on the earlier of:
Dated 09/23	2020		
SANDIP PAT	EL		
SANDIP PA	nature of a member or authoriz	ed representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00