LZ0000 151832

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TO:

Registration Section

Div	ision of Cor	porations			
eun irær.		PHYSICIAÑS LLC	· · · · · · · · · · · · · · · · · · ·	•	
SUBJECT:	Name of Limited Liability Company - *>				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
			Name of Person		
		Seekh	Name of Ferson		
			Firm/Company		
		4984 W Atlantic Blvd			
			Address		
Margate Florida 33063					
			City/State and Zip Code		
		seekh.tax@gmail.com E-mail.address: (to be used for future annual report noti	fication)	
For further in	iformation c	oncerning this matter, please c	·	,	
Jennifer Wri	ght		754 307-9031 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	Filing 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)	
Reg Div P.C	iling Addres gistration S vision of C). Box 632 lahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FACETIME PHYSICIANS LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{06/03/2020}{}$ and assign	gned
Florida document number L20000151832		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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)		
	7.720 HOY	•
	بع. ا ن	
Enter new mailing address, if applicable:	P	
(Mailing address MAY BE A POST OFFICE BOX)		ز ــــ ن
		<u>-</u>
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new</u>	<u>register</u>
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City Zip Code	

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
AMBR	Tyler, Victor	4996 WEST ATLANTIC BLVD	≣Add
		MARGATE, FL 33063	□Remove
			□Change
AMBR	ljeokwu, Raphael	4996 WEST ATLANTIC BLVD	\equiv A dd
		MARGATE, FL 33063	□Remove
			☐Change
			🖸 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

<u></u>	
an effecti lote: If t	date, if other than the date of filing:
record splis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	10/29/20
	Signature of a member or authorized representative of a member
	Dennis Piaksik