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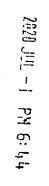
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AUG 1 3 2020 S. YOUNG

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
Marian Int	ectious Diseases PLLC		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Hilda Cristina Velez C	Listano	
	Mark at 6 of a 100	Name of Person	
	Marian Infectious Diseas	es PLLC	
	1017111	Firm/Company	
	10174 Belcrest Blvd		
		Address	
	Fort Myers, FL 33913		
	marianid2020@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
Hilda Cristina Velez (	Castano	646 7569337	
Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 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)
Mailing Address	:	Street Address:	
Registration S	ection	Registration Se	ction
Division of Co		Division of Cor	
P.O. Box 6327	<i>'</i>	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marian Infectious Diseases PLLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on June 11th, 2020	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	2920
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" (	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		1 1
Principal office address MUST BE A STREET ADDRES	<u></u>	T
		<u>م</u> غ
		··· <del></del>
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new registe
em and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 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
MGR	Hilda C. Velez Castano	10174 Belcrest Blvd, Fort Myers FL33913	<b>≅</b> Add
			□Remove
			□ Change
			□Add
			□Remove
		<del></del>	□Change
		····	🗆 Add
			□Remove
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			Change
<u>.</u>			□Add
			□Remove
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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'an effec <u>Vote:</u> I	e date, if other than the date of filing:
record	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
record I is file	
record d is file	1. Sune 29th 2020
record d is file	i.

THE P COLOR