L20000162505

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:	463213	8183052	
	AUTHORIZATION	:	-1.17		
	COST LIMIT	:	\$ 25 70 14	ise no	
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ORDER DATE :	May 8, 2024				
ORDER TIME :	8:58 AM				
ORDER NO. :	463213-005				
CUSTOMER NO:	8183052				
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	DOMESTIC AM	END.	MENT FILI	<u>NG</u>	

NAME: SCHWARTZBARD, SALAZAR, FELDMAN OBGYN, LLC

EFFECTIVE DATE:

			AMENDMEN FICLES OF	_	ORPORA'	IOI	4
PLEASE	RETURN	THE	FOLLOWIN	G AS	PROOF	OF	FILING:
XX	_	STAI	COPY MPED COPY FE OF GOC		ANDING		

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCHWARTZBARD, SALAZAR, FELDMAN OBGYN, LLC

(Name of the Limited Liability Com

(A Florida Limited I.	Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000162505</u>	were filed on 6/12/2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
Total Women's Health, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new regis	tere
		37	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	_
		Florida	
	Ciţy	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			h the

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:	 <u></u>		
MGR = Manager AMBR = Authorized Member			

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
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Signature of a member of authorized representative of a member	ated April 17	·					
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Filing Fee: \$25.00