L20000279892

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INC.

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WALK IN

	CERTIFIED COPY	
XX	РНОТОСОРУ	
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<u>į</u>	ESTILL WATER, LLC	Σ NT#)
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COVER LETTER

	tration Section ion of Corporations	•
CVID ID CT.	HR STILLWATER, LL	С
SUBJECT:		Name of Limited Liability Company
The enclosed	Articles of Amendment a	nd fee(s) are submitted for filing.
Please return	ll correspondence concer	rning this matter to the following:
	Phillip B.	
		Name of Person
	Rarick &	Bowden Gold, P.A.
		Firm/Company
	6500 Cow	rpen Road, Suite 204
		Address
	Miami La	kes, FL 33014
		City/State and Zip Code
	prarick@ra	E-mail address: (to be used for future annual report notification)
For further in	ormation concerning this	
Phillip B. Ra	ick	305 556-5209 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following a	mount:
□ \$25.00 E		Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, cate of Status Certified Copy Certificate of Status &
Re Di P.C	Ing Address: Instration Section Ission of Corporations Issued Box 6327 Inhassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 HAY 30 AM 9: 15

EHR STILLWATER, LLC		
(Name of the Lin	nited Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.)
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WOOLEN TENINA
The Articles of Organization for this Limited	Liability Company were filed on 09/15/2020	and assigned
Florida document number L20000279892		
Tiorida document number	 ,	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
EHR MIRAMAR, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
T		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr		ter the name of the new registered
agent and/or the new registered office addr	ess nere:	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street ad	ldress
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register		I further garag to comply with the
provisions of all statutes relative to the pro	rea agent and agree to uct in this capacity. oper and complete performance of my duties	s, and I am familiar with and
accept the obligations of my position as reg	gistered agent as provided for in Chapter 6	05, F.S. Or, if this document is
being filed to merely reflect a change in the		n that the limited liability
company has been notified in writing of this	s 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Add
		 	[]Remove
			□Change

			□Remove
			□Add
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	ust be specific and cannot be prior to date block does not meet the applicable st	of filing or more than 90 days afte	ional) r filing.) Pursuant to 60, is date will not be list	5,0207 ted as
an effective date is listed, the date m lote: If the date inserted in this	Department of State's records.			
iote: If the date inserted in this ocument's effective date on the	Department of State's records. ive date, but not an effective time, at	12:01 a.m. on the earlier of: (I	o) The 90th day afte	er the
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an effective date is listed, the date in lote: If the date inserted in this ocument's effective date on the record specifies a delayed effect	ive date, but not an effective time, at	12:01 a.m. on the earlier of: (I	5) - The 90th day afte	er the

Filing Fee: \$25.00