## h20000290704

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## **COVER LETTER**

Divi	ision of Corp	orations		
	Elite Pedi	atric Healthcare, LLC	٠	
SUBJECT:	<del></del>	Name of Limi	ted Liability Company	<u> </u>
The enclosed	Articles of /	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspor	idence concerning this matter t	o the following:	
		Rhonda McGrew		
		Elite Pediatric Health	Name of Person	<del></del>
		<u></u>	Firm/Company	
		19046 Bruce B. Dow	ns Blvd #1397	
		Tampa, FL 33647	Address	
		rmcgrewcrnp@yahoo	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notification	
For further i	nformation co	oncerning this matter, please ca	ıll:	
Rhonda	McGrew		251 610-5615	
	Name of	Person	at ()	shone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & i Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

Elite Pediatric Healthcare (Name of the Lin	•	any as it now appears of Liability Company)	n our records.)	<del></del>
The Articles of Organization for this Limited L20000290704	Liability Company			and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liat	pility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A		2021
Principal office address MUST BE A STRE	ET ADDRESS)			
				1
Enter new mailing address, if applicable:				PH W
Mailing address MAY BE A POST OFFICE	E BOX)		<u></u>	
		N/A	32-	.,
3. If amending the registered agent and/or agent and/or the new registered office addr	registered office : ess here:	address on our reco	rds, enter the name (	of the new regis
Name of New Registered Agent:	N/A		1-1-1	<u> </u>
New Registered Office Address:	N/A		,	
	<b></b>	Enter Florida s	street address	
	N/A		, Florida N/A	··
		City		Zin Codo

## 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.

	·				
Ιſ	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
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	2021  mda Wyfrew  Signature of a member or authorized			
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