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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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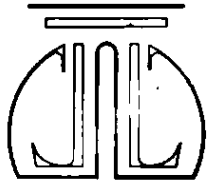
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2/20/23

V.L.M

2022 DEC - 8 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

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LAMBERT  
Law Offices, PL

Lumsden Executive Park  
617 W. Lumsden Road  
Brandon, Florida 33511  
(813) 662-7429  
(813) 685-6575 Fax  
[www.LambertLawPL.com](http://www.LambertLawPL.com)

Judith S. Lambert, JD, LL.M.\*  
\*Member of the state bars of FL, AL, TX, & CA,  
Master of Laws in Taxation  
Eric W. Smith, JD\*\*  
\*\*Member of the state bar of FL  
Tyler M. Willison, JD\*\*  
\*\*Member of the state bar of FL

December 6, 2022

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

*Via Overnight Mail*

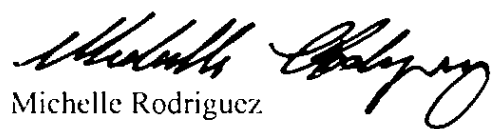
Re: Articles of Amendment; Dhruv Panchal M.D. LLC

Dear Sir or Madam,

Enclosed please find the Articles of Amendment for the company referenced above. Also enclosed is check number 3761 in the amount of \$30.00 for the filing fee and the certificate of status. Please send the certificate of status to our address listed above.

Thank you, and please contact our office with any questions or concerns.

Sincerely,



Michelle Rodriguez

Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dhruv Panchal M.D. LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith S. Lambert

\_\_\_\_\_  
Name of Person

Lambert Law Offices, PL

\_\_\_\_\_  
Firm/Company

617 West Lumsden Road

\_\_\_\_\_  
Address

Brandon, Florida 33511

\_\_\_\_\_  
City/State and Zip Code

judy@judithslambert.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judith S. Lambert

813

662-7429

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:**

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

Dhruv Panchal M.D. LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 14, 2020 and assigned  
Florida document number 120000389701.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Dhruv Panchal M.D. PLLC

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 applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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TALLAHASSEE, FL

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

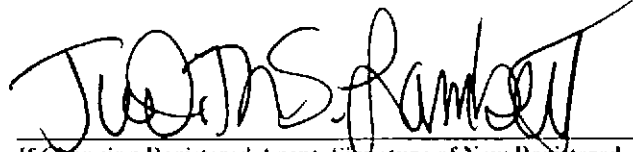
Name of New Registered Agent: Lambert Law Offices, PL

New Registered Office Address: 617 West Lumsden Road  
*Enter Florida street address*

Brandon, Florida 33511  
*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.*

  
Jonathan S. Lambert  
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**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

The purpose for which this Limited Liability Company is organized is to practice the profession of medicine and  
for any lawful purpose in carrying out the practice of medicine.

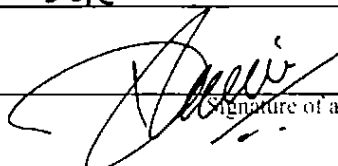
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 is filed.

Dated DECEMBER 6<sup>th</sup> . 2022



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Dhruv Panchal

\_\_\_\_\_  
Typed or printed name of signee