

h20000396949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

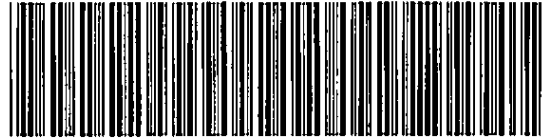
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG 16 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/C & Amend.

AUG 16 2022

D CORRELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2022

JONES HEALTH LAW PA
3390 MARY STREET
SUITE 116
COCONUT GROVE, FL 33133

SUBJECT: THE NEW YORK EAR, NOSE AND THROAT INSTITUTE LLC
Ref. Number: L20000396949

We have received your document for THE NEW YORK EAR, NOSE AND THROAT INSTITUTE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 822A00017051

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE NEW YORK EAR, NOSE AND THROAT INSTITUTE LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

JONES HEALTH LAW PA

Firm/Company

3390 MARY STREET SUITE 116

Address

COCONUT GROVE, FL 33133

City/State and Zip Code

JRJ@JONESHEALTHLAW.COM

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

For further information concerning this matter, please call:

JAMAAL JONES, ESQ

at (305) 705 - 5335

Name of Person

Arca Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE NEW YORK EAR, NOSE AND THROAT INSTITUTE 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 12/21/2020 and assigned
Florida document number L20000396949.

This amendment is submitted to amend the following:

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

THE NEW YORK EAR, NOSE AND THROAT INSTITUTE 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)

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2022 AUG 16 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[Change](#)

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

Specific Professional Purpose is:
Doctor/Medical Practice

E. Effective date, if other than the date of filing: _____ (optional)

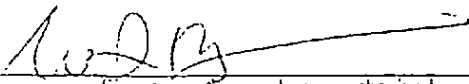
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 ^x May 3, 2022

x



Signature of a member or authorized representative of a member

DANIEL BRANOVAN

Typed or printed name of signee