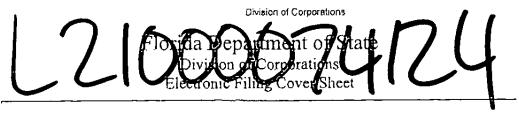
9/7/2021



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(((H210003329883)))



H210003329883ABC3

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 Phone : (941)748-0100

Fax Number : (941)745-2093

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: paultoomeymd@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA SCRIBE SPECIALISTS, LLC

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Fax Audit: (((H21000332988 3)))

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

Florida Scribe Specialists, LLC		2021
	y Company as it now appears on our records.) Limited Liability Company)	—————————————————————————————————————
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 2/12/2021	and assigned
Florida document number L21000074124	<u>_</u> .	م اشم
This amendment is submitted to amend the following:		00101 00101
A. If amending name, enter the new name of the limit	ted ligbility company here:	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR.	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the n	ame of the new registered
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

Fax Audit: (((H21000332988 3)))

Fax Audit: (((H21000332988 3)))
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

Title	<u>Name</u>	Address	Type of Action
MGR Zachary Brown	Zachary Brown	802 11th Street West	🖸 Add
		Bradenton, Florida 34205	Remove
			Change
			DAdd
			□Remove
		Change	
		□Add	
			□Remove
		Change	
		□Add	
		□Remove	
			Change
		⊡Add	
		Remove	
			□Change
			□Add
			Change

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		(((H21000332988 3)))
If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessa	ary.)
		 ~
-		
 .		
		
		
<u></u>		
		
Effective date, i	f other than the date of filing: (optiona silisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.	.1)
(If an effective date is	s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after this inserted in this block does not meet the applicable statutory filing requirements, this da	ig.) Pursuant to 605.0207 (3)(te will not be listed as the
document's effect	rive date on the Department of State's records.	
he 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
ord is filed.		
_	***	202 All
Dated August 8		
		<u> </u>
		<u>></u> -:; ==0
	Signature of a member or authorized representative of a member	$\frac{2^n}{m}$ ∞
Paul T	ζ	PH Fru
Paul T	Signature of a member or authorized representative of a member comey, M.D., Authorized Member Typed or printed name of signce	

Filing Fee: \$25.00