L21000250387

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TO:

TO: Registration Se Division of Cor				
Frontier Me	edical, LLC			
SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Muhammad Nasir			
		Name of Person		
	Frontier Group US, LLC			
		Firm/Company		
	2461 Enterprise Road, Suit	e C		
		Address		
	frontierphysicalmd@gmail.	City/State and Zip Code	•	
		to be used for future annual report noti	tication)	
Dan Carelana in Carea		·		
	oncerning this matter, please c			
Muhammad Nasir		513 344-7043		
Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused)	
Mailing Addres Registration S		Street Address:	ction	
Division of C		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T	-	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

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

Frontier Medical, 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 and assigned Florida document number L21000250387 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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

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.

Cirv

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>	<u>Name</u>	Address	Type of Action
AMBR	Muhammad A Nasir	2461 Enterprise Road, Suite C	
			□Add
		Clearwater, FL 33763	■Remove
		· · · · · · · · · · · · · · · · · · ·	Remove
			□Change
AMBR	Fatima Hussein	2461 Enterprise Road, Suite C	
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		Clearwater, FL 33763	70
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Filing Fee: \$25.00