

Florida Department of State

Division of Corporations
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To:

Division of Corporations
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Account Name : BACHMAN LEGAL, LLC.
Account Number : I20180000022
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Fax Number : (813)402-0556

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Email Address: gordonwyman@bladdermd.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALLISON WYMAN, MD, LLC

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JAN 03 2023
K. Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allison Wyman, MD, 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:

Radha Bachman, Esq.

Name of Person

FisherBroyles, LLP

Firm/Company

4830 W. Kennedy Blvd., Ste. 600

Address

Tampa, FL 33609

City/State and Zip Code

gordonwyman@bladdermd.com

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

For further information concerning this matter, please call:

Radha V. Bachman

813 200-6114
at ()

Name of Person

Area Code

Daytime Telephone Number

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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

Allison Wyman, MD, 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 08/23/2021 and assigned
Florida document number L21000377768.

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 "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)

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

City

Florida

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

