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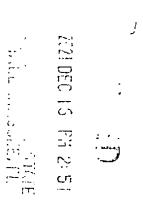
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COVER LETTER

Registration Section

TO:

| Division of Corp | porations | | | | |
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| 23 LES 412 CVD | YSICIAN GROUP, LLC | | | | |
| | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of A | Amendment and fee(s) are submitted for filing. Ondence concerning this matter to the following: VICTOR LORIA Name of Person LORIA PHYSICIANS GROUP, LLC Firm/Company 3625 NW 82ND AVE SUITE #402 Address MIAMI, FL 33166 City/State and Zip Code info@loriamedical.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (409-5911 & 3236 C 365-319-216 C) Terson Terson Telephone Number | | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | VICTOR LORIA | | | | |
| | | Name of Person | | | |
| | LORIA PHYSICIANS GR | OUP, LLC | | | |
| | | | | | |
| | 3625 NW 82ND AVE SUITE #402 | | | | |
| | Address | | | | |
| | MIAMI, FL 33166 | | | | |
| | * | City/State and Zip Code | | | |
| | ~ | | | | |
| | | | cation) | | |
| For further information co | oncerning this matter, please c | | | - 6.2.4- | |
| Elizabeth Martinez | | 786 409-5911 g | xt. 3236 | 2'16.6 | |
| Name o | f Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for th | ne following amount: | | | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & | |
| Mailing Addres Registration S | Section | Street Address: Registration Sec | | | |
| Division of C P.O. Box 632 | • | Division of Corp The Centre of T | | | |
| Tallahassee, I | | 2415 N. Monroe | | 0 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LORIA PHYSICIAN GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records: C. 15 Fil. 2: 5 (A Florida Limited Liability Company)

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Ciry

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida sireei address

____. Florida ___

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 |
|--------------|-------------|---------|----------------|
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| lf an effective date <u>Note:</u> If the da | e is listed, the date te inserted in thi | the date of fili must be specific a is block does not be Department of | ind cannot be prior t meet the applic | cable statutory (| or more than 90 days | optional) after filing.) Pursuant this date will not | to 605,0207 be listed as |
| document's effe | | | | ime at 12:01 a | m, on the earlier o | ຕິ (b) - The 90th ds | iv after the |
| e record specific | es a delayed effic | ective date, but n | ot an effective t | me, ac (2.0) a | | | • |
| e record specific rd is filed. Novemb | · | ective date, but n | 2021 | | | | • |
| e record specific ord is filed. | · | | | · | | | |

Filing Fee: \$25.00



December 13, 2021

VICTOR LORIA 3625 NW 82ND AVE SUITE#402 MIAMI, FL 33166

SUBJECT: LORIA PHYSICIAN GROUP LLC

Ref. Number: L21000386105

We have received your document for LORIA PHYSICIAN GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on August 30, 2021.

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.

Letter Number: 821A00029915

Anissa Butler Regulatory Specialist II

www.sunbiz.org

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