origa Dapartment of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M MEDICAL GROUP SE, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

S. ROBERTS Help

Fax: 813436!

ARTICLES OF AMENDMENT TO -ARTICLES OF ORGANIZATION OF

M MEDICAL GRO	UP SE, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000455868</u>	were filed on 10/19/20	021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	2023
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	675 7th Ave N	\
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34102	P.
		1.7
Enter new mailing address, if applicable:	675 7th Ave N	
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34102	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records,	enter the name of the new registered
New Registered Office Address:	Enter Florida street	and demonstration of the second of the secon
	имен и понии мней	
	Ciṃ	Florida Zıp Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	

If Changing Registered Agent, Signature of New Registered Agent

7/7/2023 08:25:24 Pも

To: 18506176383

Page: 3/4

From: Registered Agents Inc

Fax: 813436:

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>	Name	Address	Type of Action
MGR	MOAWAD, GERARD	675 7th Ave N	□Add
		Naples, FL 34102	□Remove
		XChange	
		□Add	
			□Remove
		□Change	
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change
		□Add	
		□Remove	
			□Change
			□Add
			©Remove
			□Change

Effective date, if other than the date of filing:
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 ford is filed.
Dated July 7 . 2023 .
Signature of a member or authorized representative of a member
Nat Smith Typed or printed name of signee