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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ECT: Horizon West Pediatrics Center, PLLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Humbersto LIRIANO Name of Person
	Horrizon West Pediatrics Center PLCC Firm/Company
	5730 Hamlin Groves trail # 164
	Winter Graden, F1 34787 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Humbrah A. Likiano at (407) 848-9394 Name of Person Area Code Daytime Telephone Number
	ed is a check for the following amount: 5.00 Filing Fee \$\Bar{\sum}\$\$55.00 Filing Fee & \$\Bar{\sum}\$\$55.00 Filing Fee & \$\Bar{\sum}\$\$ \$60.00 Filing Fee. Certificate of Status \$\Bar{\sum}\$\$ Certified Copy \$\Bar{\sum}\$\$ Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)

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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

Horrizon West Pe	
(Name of the Limited Liability Compan (A Florida Limited Lia	•
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on $\frac{0.13032}{8000000000000000000000000000000000000$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Horzizon West Med The new name must be distinguishable and contain the words "Limited Liability"	y Company," the designation "L.L.C."
	5730 Hamlin Grover trail #
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5730 Hamlin bovertrail# Winter Garden, Fr 34787
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the name 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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
			□Add
			Remove
			Change
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			□Change

Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 405.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date will not be listed as a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the distilled. The effective date is listed. A Like AND			
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Dated 411 2035. Signature of a member or authorized representative of a member	ian effect Vote: If	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	
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	ated	Hunlast S. Lun	

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Horrizon West Pe	diatrics Centra PLLC
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number	
	5 10
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
Harzizon West Med The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	5730 Hamlin Groves trail # Vinter Garden, F134187
(Principal office address MUST BE A STREET ADDRESS)	Winter GArden, F134187
•	•
	- 22 Mar 1 / 22 - La 13
Enter new mailing address, if applicable:	5730 Hamlin Govertrails Winter Garden, Fi 34787
(Mailing address MAY BE A POST OFFICE BOX)	Winter Girden, Fl 29 101
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Con Control
	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	e to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as properties of the properties of	performance of my duties, and I am familiar with and

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

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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ated	4/1/ 2025	
	Signature of a member or authorized representative of a member	
	Humbealo A. Liriano Typed or printed name of signee	

Filing Fee: \$25.00