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COVER LETTER

TO: Registration Division of C		بر	
	ist ENT and Allergy		
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub	·	
Please return all corres	spondence concerning this matter	to the following:	
	Kevin Caceres MD		
		Name of Person	-1 <u>121</u> 1
	Gulf Coast ENT and Aller	gy	r
		Firm/Company	
	1211 E. Kennedy Blvd #8	02	
		Address	
	Tampa, FL 33602		
	-	City/State and Zip Code	
	kevincaceresmd@gmail.com		
		to be used for future annual report noti	ification)
For further information	i concerning this matter, please c	all:	
Kevin Caceres MD		361 5497265 at ()	
Name	e of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Adda Registration	n Section	Street Address: Registration Se	
P.O. Box 6.	Corporations 327	Division of Cor The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(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 February 11, 2022 and assigned clorida document number L22000055101 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Third Coast ENT, C. L. C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Inter new principal office address if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Principal address MAY BE A POST OFFICE BOX) This amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida Zip Code	Gulf Coast ENT and Allergy		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Third Coast ENT, L. L. C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conter new mailling address, if applicable: Enter new mailling address, if applicable: Mailling address MAY BE A POST OFFICE BOX) The second of the new registered agent and/or registered office address on our records, enter the name of the new register gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records,) Liability Company)	
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address			5 1
New Registered Office Address: Enter Florida street address		address on our records, <u>enter the</u>	name of the new register
Enter Florida street address	Name of New Registered Agent:		
	New Registered Office Address:		
City Florida Zip Code		Enter Florida street address	
City Zip Code		, Florid	la
		City	Zip Code
	hereby accept the appointment as registered agent and agr	ee to act in this capacity. I furthe	r agree to comply with t

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

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
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ffective date, if other than the date of fan effective date is listed, the date must be specificate: If the date inserted in this block does recument's effective date on the Department	not meet the applic	cable statutory fil	more than 90 days aft ing requirements, th	tional) er filing.) Pursuant to tis date will not be	o 605.020 : listed a
record specifies a delayed effective date, but is filed.	t not an effective t	ime, at 12:01 a,n	n, on the earlier of:	(b) The 90th day	after the
August 19	2022				
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Filing Fee: \$25.00