

L22000076109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

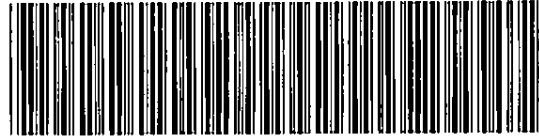
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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100458381081

2025 SEP 22 AM 8:34
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
AND COMMERCIAL
SERVICES

2025 SEP 22 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: 120210000160: \$55.00

Authorization Signature *Janet*

Ezra Health of Florida, LLC L22000076109

Business

Document Number

WALK-IN

☐ Certified Copies of the Articles of Organization

☐ Certificate of Status:

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ LLC
☐ Domestication
☐ INC
☐ CORP
☐ PLLC

AMENDMENTS

☒ Amendment
☐ Resignation of R.A.
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Conversion
☐ Reinstatement
☐ Merger
☐ **REVOCATION OF DISSOLUTION**

OTHER FILINGS

☐ TRANSMITTAL LETTER

☐ Fictitious Name (cancel)
Organization

☐ Statement of Authority

☐ TRADEMARK

☐ Other

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Partnership
☐ Reinstated Articles of
Statement of Authority

☐ Domestication of a Foreign Corp_

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ezra Health of Florida PLLC

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:

Nicole Cortina

Name of Person

McDermott Will & Schulte LLP

Firm/Company

One Vanderbilt Avenue

Address

New York, NY 10017

City/State and Zip Code

danna.chung@ezra.com

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

For further information concerning this matter, please call:

Nicole Cortina

929 563-7372
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 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

FILED

2025 SEP 22 AM 11:38

Ezra Health of Florida PLLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/24/2022 and assigned
Florida document number 122000076109.

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

Florida

City

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

Assignment Envelope ID: D31884DC-1329-41AA-98C9-74666693EF99
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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The purpose of the limited liability company is to engage in the practice of medicine.

2025 SEP 22 AM 11:38
SECRETARY OF STATE
MAIL ROOMS - 1000

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated September 18, 2025

Signed by
Danna Chung, M.D.

Signature of a member or authorized representative of a member

Danna Chung, M.D.

Typed or printed name of signee