

L22000097812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

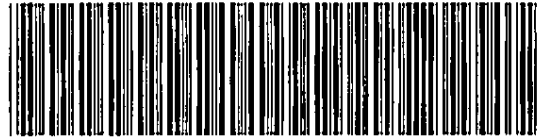
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2023
JAN 30 10 10 AM
FBI
FBI
FBI

January 25, 2023

To Whom It May Concern:

I am adding my husband, Amit Kalia, as an authorized member of my medical practice, Premie Pediatrics and Newborn Care PLLC. I am enclosing a check for \$25.00 for the filing fee. I can be reached at (954)280-6049 if you have any questions. My return address is:

821 Hampton Ct
Weston, FL 33326

Thank you,



Jessica Kalia, DO

FILED
JAN 25 2023
ST. JAMES
TALLAHASSEE, FL 32309

COVER LETTER

TO: Registration Section
Division of Corporations

PREEMIE PEDIATRICS AND NEWBORN CARE PLLC

SUBJECT: _____
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:

JESSICA KALIA

Name of Person

PREEMIE PEDIATRICS AND NEWBORN CARE PLLC

Firm/Company

821 HAMPTON CT

Address

WESTON, FL 33326

City/State and Zip Code

preemie-pediatrics@gmail.com

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

For further information concerning this matter, please call:

JESSICA KALIA

Name of Person

at (954) _____
Area Code

280-6049
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**

PREEMIE PEDIATRICS AND NEWBORN CARE PLLC

(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 FEB 24, 2022 and assigned
Florida document number 122000097812

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 "LLC."

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:

Amit Kalia

New Registered Office Address:

821 Hampton Ct.

Enter Florida street address

Weston

Florida

33326

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	AMIT KALIA	821 HAMPTON CT	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
JAN 11 2011
ST. JAMES
COUNTY
CLERK

[illegible]

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

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.

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00