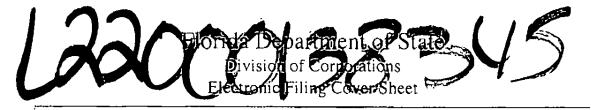
encitation of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SG PROJECT MANAGEMENT LLC

Account Number : I20220000151 Phone : (754)226-4414

Fax Number : (954)613-4136

EnterSthe email address for this business entity to be used for future cannual report mailings. Enter only one email address please: ** Email Address:

ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN PHISIOMED CLINIC LLC

Certificate of Status	0
Certified Copy	. 0
Page Count	01
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHISIOMED CLINIC LL	Ç
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for Florida document number	iled on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," 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)	20
	. TT
) ! -
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, <u>enter the pame of the new registers</u>
Name of New Registered Agent:	÷ . 2:
New Registered Office Address:	Enter Florida street address
	Florida

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.

Zip Code

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 H230000 B5 962 3

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			CAdd
			Change
			□ Add
			□ Remove
			□Change
			□Remove
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H 230	000859623		□Change

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ffective de	ate, if other than the date of filing: (optional) 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 605.020
Note: If the	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
i is filed.	
ated	··
	Signature of a member or authorized representative of a member

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AMENDMENT SIGNED PHISIOMED CLINIC

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3/8/23, 11:20 AM

		**
D. If ameriding aby other information, enter chang	CODE SALES AND ALL AND	i
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(If an effective date is listed, the date must be specific and canned to be in the date inserted in this block does not meet	was per buste. To grape of 11/1/18 of think the property of th	ŀ
thocument's effective date on the Department of State	records.	
If the record specifies a delayed effective date, but not an e		
record is filed.		
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	LE FROZZA FERNANDES	
	ed or printed name of signer	
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