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(Re	questor's Name)	 _
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(Cit	y/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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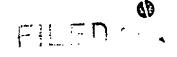
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COVER LETTER

Division of Corporations
DBJECT: Noc Pediatrics Name of Limited Liability Company
e enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
Christina Ralko Name of Person Noc Pediatrics LLC Firm-Company
360 Town Plaza Avenue, STE 330
Crallo 06300 amail - Com E-mail address: (to be used fortifure annual report notification)
r further information concerning this matter, please call:
Christina Rollo at (313) 629-1552 Name of Person Area Code Daytime Telephone Number
closed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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



	1 .		2023 MAR -8 AM 11: 10
Noc Pedic Name of the Limited Li	ATNES iability Company : lorida Limited Liab	is it now appears on our dity Company)	records.) TALLAHASSEE
The Articles of Organization for this Limited Liabili Florida document number <u>し </u>	ity Company we		
This amendment is submitted to amend the followin	ıg:		
A. If amending name, enter the new name of the			1 "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A.			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	<u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ress 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 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 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
		NIA	□∧dd
			□Remove
		□Change	
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change
		□Add	
		□Remove	
		i∃Change	
		[]Add	
			□Remove
			[]Change

	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.) \sim \sim \sim \sim
Note:	tive date, if other than the date of filing: 03/05/2023 (optional) fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.
rord is f	
Dated	March 5. 2023. C. Rallo Signature of a member or authorized representative of a member
	C. Ralko
	Signature of a member or authorized representative of a member