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Division of Corporations

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To:

Division of Corporations

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From:

Account Name : MOORE & MENKHAUS, P.A.

Account Number : 120000000087 Phone : (561)394-7910 Fax Number : (561)393-6541

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: nachlasma @ entagf. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOSE & SINUS INSTITUTE OF BOCA RATON, LLC

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nis 23 **2022** Brumbley

From: David Menkhaus

Page: 3 of 5

NOSE & SINUS INST	TTUTE OF BOCA RATON, LLC	
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our recommited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Con	npany were filed on08/18/2022	and assigned
Florida document number 1.22000360742		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LL	C" or the abbreviation "L.JC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>ente</u>	r the name of the new registered
		7.AUG 2.AUG
Name of New Registered Agent:		
New Registered Office Address:		PARCE NO FERENCE NAME OF THE PARCE NAME OF THE P
	Enter Florida street addre	
<u> </u>	, F	lorida S
	City	- c - 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

(((H22000 283755 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

15612874577

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MELYSSA HANCOCK, MD	1601 CLINT MOORE ROAD	■Add
		SUITE 170	
		BOCA RATON, FL 33487	_
<u> </u>			[]Add
			□Remove
			UChange
		DAdd	
			□Remove
			Change
			
			□Remove
			□ Change

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is file	u specifies a delayed effective date, but not led.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	AUGUST 22	2022
ated _	•	
ated	Signature of a m	att alem
ated		ember or authorized representative of a member ATHAN E. NACHLAS