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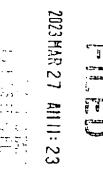
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

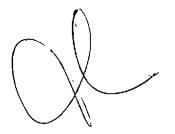
Office Use Only



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\$0,727,729 \dagger\text{0160} 7 \dagger\text{0175}





## **COVER LETTER**

	on Section f Corporations				
	TH FLORIDA PULMONARY CENTER, PLLC				
SUBJECT:					
The enclosed Artic	es of Amendment and fec(s) are submitted for filing.				
Please return all co	rrespondence concerning this matter to the following:				
	Neena Chandrasekaran				
	Name of Person				
	Firm/Company				
	1 West Sample Road Suite 305				
	Address				
	Deerfield Beach, FL 33064	· 	2023 HAR 27	H H	
	City/State and Zip Code neenz1216@gmail.com	2. : 7. :	27 1	77	
	E-mail address: (to be used for future annual report notification)		=		
For further informa	tion concerning this matter, please call:		州田: 27	Carlo	
Neena Chandrasek	aran 954 304-6614 at ()	; .	ω		
	ame of Person Area Code Daytime Telephone Number				
Enclosed is a check	for the following amount:				
□ \$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &			

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH FLORIDA PULMONARY CENTER, PLLC		
(Name of the Limited Liability Comp. (A Florida Limited	<u>iny as it now appears on our records.)</u> Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000430404	were filed on October 05, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Neena Chandrasekaran, SOUTH FLORIDA PULMONARY CENTE		<u></u>
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a	2023
(Principal office address MUST BE A STREET ADDRESS)		AR .
		7 5-717
Enter new mailing address, if applicable:	n/a	
(Mailing address MAY BE A POST OFFICE BOX)		: <u>\( \)</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent: n/a		
New Registered Office Address:	Enter Florida street address	
	Flor	ehir

## 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.

City

Zip Code

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

MCD w Managemen		
MGR = Manager		
4 8 5 13 13 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
<ul><li>AMBR = Authorized Mer</li></ul>	nber	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<del></del>	□Remove
			□ Change
			□Add
			□Remove
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		4	
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			125 Change
			□Remove
			□ Change
			□Add
			□Remove
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Typed or printed name of signee