

L22000453 113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

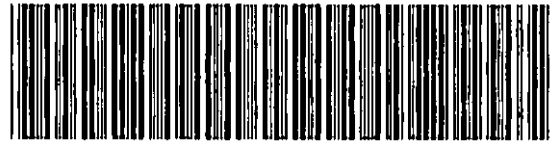
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200396640632

S. CHATHAM

DEC 15 2022

11/15/22--01030--004 \*+55.00

22 NOV 15 AM 11:06  
DIVISION OF CORPORATIONS  
SECRET

CHRISTOPHER J. EMA  
LAURA G. MACLEAN  
ADAN A. AULET, JR.  
\* ALSO ADMITTED IN ILLINOIS

**MACLEAN & EMA** P.A.  
Attorneys and Counselors at Law

BRIAN V. BERGMAN  
AIMEE K. ARCE  
MICHAELA L. ROSELLI  
FREDERICK R. MACLEAN, RETIRED  
ANNE B. MACLEAN, RETIRED

November 14, 2022

Via Federal Express (Tracking No. 7704 8604 3520) to:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street  
Suite 810  
Tallahassee, FL 32303

Re: James Kos MD PA (Document No. L22000453113)


Dear Sir or Madam,

Enclosed please find Articles of Amendment to Articles of Organization of JAMES KOS MD PA for filing with the Department. A check in the amount of \$55.00 is enclosed for the filing fee, and a certified copy of such filing is hereby requested. An additional copy is enclosed.

Please return all correspondence concerning this matter to the undersigned. Please feel free to call should you require any further information.

Very Truly Yours,

MACLEAN AND EMA, P.A.

  
Adan A. Aulet, Jr., Esq.  
For the Firm

Encl. as noted.

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JAMES KOS MD PA

(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 October 20, 2022 and assigned  
Florida document number L22000453113.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

JAMES KOS MD, PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," 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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 NOV 15 AM 11:06

**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:

MACLEAN AND EMA, P.A.

New Registered Office Address:

2600 NE 14TH STREET CAUSEWAY

*Enter Florida street address*

POMPANO BEACH

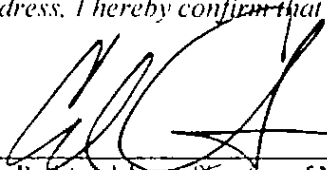
*City*

Florida 33062

*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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |

22 NOV 15 AM 11:06  
 SECRETARY OF DEFENSE  
 DIVISION OF CONSTRUCTION  
 FILED

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 NOV 15 AM 11:06

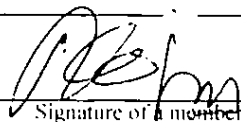
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective 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 (3)(b)*

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 14, 2022



Signature of a member or authorized representative of a member

James Kos, MD, Manager/Member

Typed or printed name of signee

**Filing Fee: \$25.00**