## 122000459407

(Re	equestor's Name)	
(Ad	dress)	
hA)	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS FEB - 2 2023



900396332939

11/14/22--01085--038 \*\*25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KHDZ MEDICAL PLLC (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 OCT 25, 2022 \_\_ and assigned Florida document number \_\_\_\_\_\_L22000459407 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KHDZ MEDICAL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: 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.

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 Title Name **Address Type of Action** \_\_\_\_\_ Change \_\_\_\_\_ □ Add \_\_\_\_\_ □Remove \_\_\_\_\_\_ □ Add \_\_\_\_ Change \_\_\_\_ Change \_\_\_\_ □Add 

ir am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
,	
(If an el Note:	tive date, if other than the date of filing:
cord is f	
Dated	NOV, 4th 2022.
	Signature of a member or authorized representative of a member
	HASEEB S HASHMI  Typed or printed name of signee

Filing Fee: \$25.00