

L22 000 475 346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

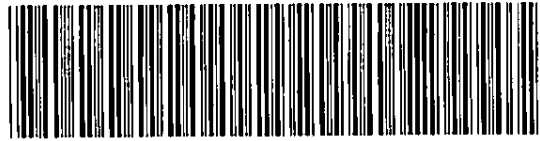
(Business Entity Name)

(Document Number)

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2023 FEB 13 10:44:30 AM

2023 FEB 13 PM 3:35
STATE OF MICHIGAN
SECRETARY OF STATE

127D

COVER LETTER

**TO: Registration Section
Division of Corporations**

MARIAN F CENIZA MD PLLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIAN F CENIZA MD

Name of Person

MARIAN F CENIZA MD PLLC

Firm/Company

2404 LAKELAND HILLS BLVD

Address

LAKELAND FL 33805

City/State and Zip Code

QUILS@EARTHLINK.NET

E-mail address: (to be used for future annual report notification)

2023 FEB 13 PM 3:35
STATE SECRETARY
TALLAHASSEE, FL

For further information concerning this matter, please call:

Marian Ceniza 863 409-3021

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address:
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**

Marian F. Ceniza MD 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 11-07-2017 and assigned Florida document number L22000475 346

This amendment is submitted to amend the following:

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

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
2017 FEB 13 PM 3:35
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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 _____
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marian F Ceniza MD	2404 Lakeland Hills Blvd	<input checked="" type="checkbox"/> Add
		Lakeland FL 33805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Antonio E Ceniza, Jr	2425 Woodley Ave	<input type="checkbox"/> Add
		Lakeland FL 33803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2023 FEB 13 11:35 AM
 STATE
 REGISTERED MAIL

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

STATE DEPARTMENT OF REVENUE
 2023 FEB 13 PM 3:35
 STATE DEPARTMENT OF REVENUE

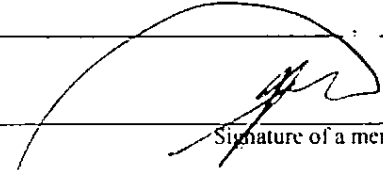
FILED

February 7, 2023

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 February 7, 2023



Signature of a member or authorized representative of a member

MARIAN F CENIZA MD

Typed or printed name of signee