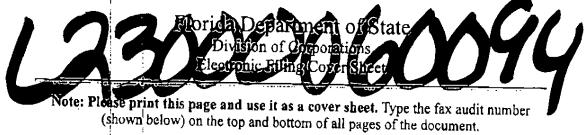
2/14/23, 12:04 PM

Division of Corporations



(((H23000058174 3)))



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To:

Division of Corporations

. Fax Number

: (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

Phone

: (727)442-1200

Fax Number

: (727)443-5829

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

Email Address:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AR ONCOLOGY ASSOCIATES, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Audit Fax# H23000058174 3

Zip Code

AR UNCOLOGY ASSOCIATES, L.L.C.			
(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 02/01/2023		ınd assi <sub>k</sub>	med
Florida document number L23000060094			n mostrica
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	the abbrevia	ion "L.L.	<u> </u>
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	<del></del>		
1000000			
		<u> </u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX		<u> </u>	
· · · · · · · · · · · · · · · · · · ·			
If amending the registered pront and/or registered agent and/or registered	-	20	
. If amending the registered agent and/or registered office address on our records, <u>enter the</u> gent and/or the new registered office address here:	name of th	1 wan 9	<u>egister</u>
		<u> </u>	
Name of New Registered Agent:		-	=
New Registered Office Address:		70	<del>[]</del>
Enter Florida street address	•	<del></del>	
Enter Proriati Street address	7.	C)	
, Florid	a '. '		
City		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 = 1 AMBR = 1	Manager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	ANIL N. RAIKER	9319 SILVERTIIRON ROAD	
	<b>!</b> :	SEMINOLE, FL 33777	
MGR	ANULVINAATINI DATVOO		©Change
	ANILKUMAR N. RAIKER	9319 SILVERTHRON ROAD	BAdd
		SEMINOLE, FL 33777	Dlemove
			□ Change
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			□Remove
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Audit Fax# H230000581743

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e: If the date inserted in thi	the date of fliing:  (optional)  must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 505.0 is block, does not meet the applicable statutory filing requirements, this date will not be listed in Department of State's records.
cord specifies a delayed effe s filed.	rective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed February 14th	2023
ed	alud Samu
<del>,,,</del>	Signature of a member or authorized representative of a member
ALAN S. GASSM	AN, ESQ., Auth. Rep.
	Typed or printed name of signee

Filing Fee: \$25.00