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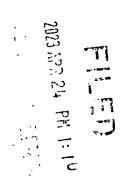
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COVER LETTER

TO: Registration Se Division of Cor		* .		
ALLE SE COM	M.D., PLLC	.		
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JONATHAN M. CASELL	.A, ESQ.		
	.	Name of Person		
	CASELLA LAW GROUP			
		Firm/Company		
	662 S. TAMIAMI TRAIL			2027
		Address		2023 TOR
	OSPREY, FL 34229			72 :
		City/State and Zip Code	 ,	P. J.
	JONATHAN@CASELLAI		<u> </u>	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notific	ation)	c
JONATHAN M. CASEI		941 234-1432		
Name o	of Person	at ()	Telephone Number	<u> </u>
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & py
Mailing Addres		Street Address: Registration Sect	ion	
Division of C		Division of Corp		
P.O. Box 632	27	The Centre of Ta	llahassee	
Tallahaccaa	EI 22214	2415 N. Monroe	Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICHAEL M.D., 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 $\frac{03/03/2023}{1}$ and assigned Florida document number $\underline{L23000113223}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MICHAEL MD PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) N/A N/A Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address , Florida N/A
Zip Code N/A

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>	Address	Type of Action
N/A	N/A	N/A	□Add
		N/A	□Remove
		N/A	
N/A N/A	N/A		
		N/A	□Remove
		N/A	
N/A	N/A	N/A	77
		N/A	PH Remove
		N/A	☐ Change
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		N/A	□Remove
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ctive date, if other than t	he date of filing:	(optional)
: If the date inserted in this		g or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
ord specifies a delayed effec filed.	tive date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after t
APRIL 19 d	2023	
	FL BAR # 11 Signature of a member or authorized represent	D15254
	·/·/	V 10 = 0

Typed or printed name of signee