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## **COVER LETTER**

Division of Co				
Cloud Mer				
SUBJECT:	Name of Lin	nited Liability Company	<u>.                                    </u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Monica Matos			
		Name of Person		
		Firm/Company	<del>-</del>	
	900 SE Ocean Blvd, Ste B	-118	_	
		Address		•
	Stuart, FL 34994			رش
	mmatos@stuartpediatricder	City/State and Zip Code		· · · · · · · · · · · · · · · · · · ·
	E-mail address: (	to be used for future annual	report notification)	
For further information c	oncerning this matter, please c	all:		· .
Monica Matos		305 92- at ()	4-6876	1
Name o	f Person	Area Code	Daytime Telephone Number	1-11
Enclosed is a check for t	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy tadditional copy is enc	Certificat closed) Certified	te of Status &
Mailing Addres		Street A		
Registration S Division of C			ation Section on of Corporations	
P.O. Box 632	•		ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cloud Member, LLC (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 March 17, 2023 and assigned Florida document number \_\_\_\_\_L23000136942 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Member Cloud, 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 Cuv

## 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 = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			🗆 Add
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### April 3  #### April 3  ##### April 3  ##### April 3  ###### April 3  ###################################								
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Filing Fee: \$25.00