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J. HORNE
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## **COVER LETTER**

TO:

TO: Registration So Division of Co			
	QAMAR MD LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mohammad Ali Gulzari		
		Name of Person	,. <u>.</u>
	Gulzari CPA LLC		
		Firm/Company	<del></del>
	1101 Miranda Ln, Ste 128		
		Address	. 1017
	Kissimmee, FL 34741		
	-	City/State and Zip Code	
	fauziqamar19@gmail.com		
		to be used for future annual report noti-	fication)
For further information of	concerning this matter, please ca	all:	
MOHAMMAD ALI GU	JLZARI	407 750-6011	
Name c	of Person	at () Area Code Daytima	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AME TO ARTICLES OF ORGANIZATION OF

## FAUZIA QAMAR MD LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

mpany were filed on 04/03/2023 and assigned	
_·	Florida document number L23000163228
	This amendment is submitted to amend the following:
ed liability company here:	A. If amending name, enter the new name of the limited lia
	FAUZIA QAMAR MDPA LLC
ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."	The new name must be distinguishable and contain the words "Limited Liab
	Enter new principal offices address, if applicable:
ESS)	(Principal office address MUST BE A STREET ADDRESS)
	Enter new mailing address, if applicable:
	(Mailing address MAY BE A POST OFFICE BOX)
office address on our records, <u>enter the name of the new register</u>	B. If amending the registered agent and/or registered office agent and/or the new registered office address here:
	agent and/or the new registered office address here.
	Name of New Registered Agents
	Name of New Registered Agent.
	New Registered Office Address:
Enter Ptorida street address	
, Florida	
City Zip Code	
Enter Florida street address  Florida  City Zip Code	Name of New Registered Agent:  New Registered Office Address:

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>	Address	Type of Action
			□ Remove
		<del>-</del>	□Change
			□Add
		<del></del>	Remove
			☐ Change
			Remove
			Change
			□Remove
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DECEMBER 13 2023	_				<del></del> -		<del></del>
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