

L230000222294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

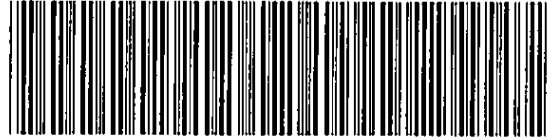
(Business Entity Name)

(Document Number)

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2023 OCT 27 AM 9:41
TALLAHASSEE, FLORIDA

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2023 OCT 27 PM 2:42
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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Concierge Pediatrics Miami Beach, LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by: SETH

Name

Date

Time

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114 - Pender & Pender - Tallahassee, FL 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Concierge Pediatrics Miami Beach FL, LLC

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:

Peter J. Vasti, Esq.

Name of Person

Leavengood, Dauval, Boyle & Vasti, PLLC

Firm/Company

3900 First Street N., Suite 100

Address

St. Petersburg, FL 33703

City/State and Zip Code

pjvast@leavenlaw.com

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

For further information concerning this matter, please call:

Peter J. Vasti, Esq.

727

347-7828

at (_____) _____

Name of Person

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

FILED

2023 OCT 27 AM 9:41

Concierge Pediatrics Miami Beach FL, LLC

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

ALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 4, 2023 and assigned
Florida document number L23000222294

This amendment is submitted to amend the following:

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

Concierge Pediatrics Miami Beach, LLC

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)

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

City, Florida

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Type of Action

Change

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

2023 OCT 21 AM 9:41
ALLAHASSEY, FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be prior to 5/1/2014.)

(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 September 21st 2023

[Signature]

Signature of a member or authorized representative of a member

Preston Hearn, Manager

Typed or printed name of signee

Filing Fee: \$25.00