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Office Use Only



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06/15/23--01008--015 **₩**30.00



COVER LETTER

TO: Registration S Division of Co		·	
SUBJECT: Pre	Name of Limi	sy of Vero Be	ach, LLC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Vikranth	Name of Person	
	Premier (Firm/Company	leo Boach
	<u>5445 167</u>	H ST Address	
	Ver Be	City/Stale and Zip Code	<u> 166</u>
		Chotrnal Corr	
For further information	concerning this matter, please ca	all:	
Vikranth	Gengidi of Person	at (919) 656 Area Code Daytim	e 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)

TO:

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**

Prevnier Cardiolog. (Name of the Limited Liability Com	1 of Vero 1300 (15) PH 1626
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Companification of Organization for this Limited Liability Companification of Companies and Companies of	by were filed on May 25, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L.L.C." 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 agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Lity Zip Coxle
New Registered Agent's Signature, if changing Registered Agen	<u>r:</u>

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
MGR	David Divien	5445 16TH ST	
		Vere Beach FL 32966	Nemove
		_USA	Change
MGR	Vikranth Gangidi	5445 16TH ST	C dd
		Vero Beach, FL 329	<u>66</u> □Remove
			□Change
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estive date if	other than the date	of filing:			(optional)	
n effective date is l	sted, the date must be sp	pecific and cannot b	e prior to date of f	filing or more than	90 days after filing.)	Pursuant to 605.0203
te: If the date if cument's effective	serted in this block d e date on the Departr	ment of State's re	applicable statut cords.	tory ming requi	ements, this date	will not be fisted as
					•	
	delayed effective date	e, but not an effec	ctive time, at 12:	:01 a.m. on the o	earlier of: (b) The	90th day after the
is filed.						
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	Ciano	ature of a member of	29 .	econtative of a mo	mber	

Filing Fee: \$25.00