

L23 000 288 887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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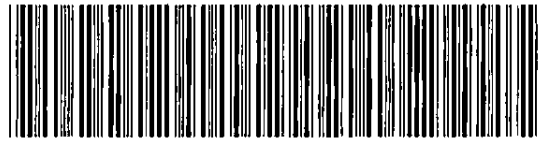
(Business Entity Name)

(Document Number)

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## Cover Letter

Gabriel Christopher Casals

Phone number: 305-903-5867

Secondary Number: 786-515-3298

Return Address:

6191 Orange Dr, Suite 4472

Davie, FL 33314

TO: Registration Section  
Division of Corporations

SUBJECT: Pediatric Advancement, 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:

Gabriel Christopher Casals

Name of Person

Pediatric Advancement, LLC

Firm/Company

6191 Orange Dr , Suite 4472

Address

Davie, FL 33314

City/State and Zip Code

info@pediatricadvancement.com

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

For further information concerning this matter, please call:

Gabriel Casals

305

903-5867

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**

Pediatric Advancement, 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 8/28/2024 and assigned Florida document number L23000288887.

This amendment is submitted to amend the following:

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

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)

6191 Orange Dr, Suite 4472

Davie, FL 33315

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6191 Orange Dr, Suite 4472

Davie, FL 33314

**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:

Gabriel Christopher Casals

New Registered Office Address:

6191 Orange Dr, Suite 4472

*Enter Florida street address*

Davie

*City*

Florida 33314

*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

or removed from our records:

MGR = Manager

AMFL = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Liset Rodriguez	6370 Griffin rd	<input type="checkbox"/> Add
		Davie, FL 33314	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gabriel Christopher Casals	6191 Orange Dr, Suite 4472	<input checked="" type="checkbox"/> Add
		Davie, FL 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Registered	Georgina Blanco, BA	10261 Sunset Dr , Suite C-101	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

**Billing Code: S25.00**