L23000402502

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Re	gistration Sec vision of Corp	tion orations			, · · ·	٠
	MDExpert, I	LLC		•		
SUBJECT:		Name of Limited Liability Company				
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspor	ndence concerning this matter	to the following:			
		Kayur Patel				
			Name of Person			
			Firm/Company			
		8285 Laurel Lakes Way				
			Address			
		Naples, Florida 34119				
			City/State and Zip Code			
		kvpatel@expertwitness.md	to be used for future annual	conset natification	\	
For further	information co	ncerning this matter, please co		терот пописанов	,	
Kayur Pate	İ		317 29	65212		
	Name of	Person	Area Code	Daytime Telep	hone Number	
Enclosed is	a check for the	e following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		■ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is encl	

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

MDExpert, LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>(s.)</u>	
he Articles of Organization for this Limited I lorida document number <u>L23000402502</u>	Liability Company	were filed on August 28, 2023	and ass	signed
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name o	of the limited liab	ility company here:		
MDExperts, LLC				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L	.L.C."
nter new principal offices address, if appli	8285 Laurel Lakes Way			
Principal office address MUST BE A STRE	Naples, FL 34119			
		8285 Laurel Lakes Way		
Enter new mailing address, if applicable:		Naples, FL 34119		_
Mailing address MAY BE A POST OFFICE BOX)		Napics, 11, 54117		
				7) 1.1
. If amending the registered agent and/or gent and/or the new registered office addre	registered office :	address on our records, <u>enter</u>	the name of the ne	w regist
	_		÷	•
Name of New Registered Agent:	Kayur Patel		<u></u>	
New Registered Office Address:	8285 Laurel La	ikes Way	· •-	
		Enter Florida street addres	(S	
	Naples	Fl	orida ³⁴¹¹⁹	
		City	Zin 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 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
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional) (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 ____ 2023 Signature of a member or authorized representative of a member Kayur Patel Typed or printed name of signee

Filing Fee: \$25.00