L23000434825

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COVER LETTER

то:	Registration So Division of Cor				
SHD (C)		me of Company			
SUBJEC	JI:				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Lawrence G. Robinson			
			Name of Person		
			Firm/Company		
2340 S. Tropical Trail					
Address					2023
	Merritt Island, FL 32952				S158
		LGRobinson@gmail.com	City/State and Zip Code		er coap
For furth	er information c	E-mail address: (concerning this matter, please c	to be used for future annual reportall:	notification)	0171819H OF CORPORATION 2023 OCT 17 PM 12: 40
Lawrence	ee G. Robinson		321 6932577 at ()		
	Name o	f Person	Area Code Day	time Telephone Number	
Enclosed	l is a check for th	he following amount:			
■ \$2 5.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address Registration Division of C The Centre o	Section	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L.G.Robinson, MD, PLLC					
(<u>Name of the Limited Liat</u> (A Flor	oility Company as it now appears on our reconida Limited Liability Company)	rds.)			
The Articles of Organization for this Limited Liability Florida document number L23000434825	Company were filed on (19/19/2023	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company here:				
L.G.Robinson MD,LLC					
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	DRESS)	20			
		73 O 85 C			
		<u> </u>			
Enter new mailing address, if applicable:		1 845			
(Mailing address MAY BE A POST OFFICE BOX)		—————————————————————————————————————			
(Mulling dudress MAT DE A FOST OFFICE BOA)		72 52			
		5			
B. If amending the registered agent and/or register agent and/or the new registered office address here		r the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, , F	. Florida			
	City	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

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_51V1510
			Remove DIVISION OF CORPURATION OF CO
			
			□Change
			□ Add
		 	□Remove
			Change
	·		
			□Remove

Typed or printed name of signee