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(Re	equestor's Name)	
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COVER LETTER

Division of Co	rporations		
Healthy Bo SUBJECT:	ginnings With Ingram Pediatri	es LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	Deborah Ingram, MD		
		Name of Person	
	Healthy Beginnings with I		
		Firm/Company	
	4100 South Hospital Drive	Ste 302	
		Address	
	Plantation, Florida 33317		
		City/State and Zip Code	1-12
	Healthy4beginnings@gmai	l.com to be used for future annual repor	t notification)
For further information of	concerning this matter, please c		,
Deborah Ingram, MD		954 525147	4
Name (of Person	at () Area Code Di	aytime Telephone Number
Enclosed is a check for t	ha fallanina amanat		
	■ \$30.00 Filing Fee &	C \$55 OA Kilian Fran B	☐ \$60.00 Filing Fee.
= \$25.00 tting rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status
Mailing Addre		Street Addres	
Registration		Registration	
Division of C P.O. Box 632			Corporations of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Deborah Ingram, MD

4100 South Hospital Drive

Suite 302

Plantation, FI 33317

(813) 784 8247

November 22md 2023

Subject: Amendment the Articles of Organization of a Florida Limited Liability Company

Document No. L23000498823

To Whom it May Concern;

Please forward update forms and acknowledgement concerning this amendment to my contact information provided above. Thanking you in advance for your attention to this matter.

Sincerely,

Deborah Ingram, MD

huch Ingu MD



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 11, 2023

DEBORAH INGRAM, MD 4100 SOUTH HOSPITAL DRIVE SUITE 302 PLANTATION, FL 33317

SUBJECT: HEALTHY BEGINNINGS WITH INGRAM PEDIATRICS, LLC Ref. Number: L23000498823

We have received your document for HEALTHY BEGINNINGS WITH INGRAM PEDIATRICS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 723A00028218

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www.sunbiz.org

ARTICLES OF AMENDMENT 2024 J. 11 12 711 9:38 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lishibity Com (A Florida Lin The Articles of Organization for this Limited Liability Com Florida document number L23000498823		
	pany were filed on 10/28	70072
Florida document number L23000498823		v2023 and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited	l hability company here	2:
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gnation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	4100 South Hospi	tal Drive Ste 302
(Principal office address MUST BE A STREET ADDRES	Plantation, Florida	1 33317
Enter new mailing address, if applicable:	1801 NW 7th Plac	·e
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, I	Florida 33311
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our rec	ords, enter the name of the new registere
Name of New Registered Agent: Chestnut	Business Services, LLC	
New Registered Office Address: 311 Park	Place Blvd Ste 3003	
	Enter Florid	a street address
Clearwate	a	, Florida ³³⁷⁵⁹
	City	Zip Code

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 fc.S. Or, if this document is being filed to merely reflect a change in the registered office address, I bereby confirm that the limited liability company has been notified in writing of this change.

If Changing Register of Agent, Signature of New Besistered 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>	Name	Address	Type of Action
MGR	Deborah Ingram, MD	4100 South Hospital Drive # 302	\(\sum_{\text{Add}}\)
		Plantation, Florida 33317	□ Remove
			Change
AMBR	Jasmine Ingram	1801 NW 7th Place	
		Fort Lauderdale, Fl 3331	■Remove
			. (Change
			□ Add
			□Remove
			[]Change
			□Add
			Remove
			□Change
			DAdd
•			Петоче
			[] Change
		, .	Remove
		·	Change

	hall be Deborah Ingram, M.D., whose
address is 4100 South Hospital Drive #302, Plantation, Flo	orida 33317.
Allen Colored St.	er in the section
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ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicable ent's effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605. ole statutory filing requirements, this date will not be liste
d specifies a delayed effective date, but not an effective tim ed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after
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