7/17/24, 11:50 AM

Division of Corporations



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Division of Corporations

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Account Name : THE PERMENTER LAW FIRM, P.A.

Account Number : I20200000193 Phone : (352)622-1811 Fax Number : (352)622-1866

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### PRIORITY PEDIATRICS LLC

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## H24000242485 3

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### PRIORITY PEDIATRICS 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 January 12, 2024 and assigned Florida document number L24000028084.

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"

Enter new principal office address, if applicable:

Enter new mailing address, if applicable:

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:

New Registered Office Address:

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby certify 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

# H24000242485 3

C. 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 AR = Authorized Representative		
<u>Title</u> <u>Name</u>	Address	Type of Action
MGR ANTOINETTE E. EVELYN	101 S.W. 3 <sup>rd</sup> Street Ocala, Florida 34471	Add  Remove  Change
		☐ Add ☐ Remove ☐ Change
D. If amending any other information necessary.)	n, enter change(s) here: (Alfac	ch additional sheets, if
E. Effective date, if other than the dat (If an effective date is listed the date must be spiffling.) Pursuant to 605,0207(3)(b). Note: If the direquirements, this date will not be listed as the do	ecific and cannot be prior to date of filing date inserted in this block does not meet t	or more than 90 days after he applicable statutory lsing
If the record specifies a delayed effective date, biday after the record is filed	ut not an effective time, at 42.01 a.m. oi	n the earlier of (b) the SO <sup>m</sup>
Dated July 17 . 2024 .	M	
Signature of a member of	or authorized representative of a mer	nber
TODD R. PANZER		
Typed o	or printed name of signee	

Filing Fee: \$25.00