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(City/	/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
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Certified Copies	Certificates	of Statue
Certified Copies	Certificates	or Status
Special Instructions to Fi	ling Officer:	
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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

ionary Group LLC		
Name of Lin	nited Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
ndence concerning this matter	to the following:	
Odisa Gonzalez		
	Name of Person	<del> </del>
Odisa Gonzalez CPA PA		
<del></del>	Firm/Company	<del></del>
6251 NW 110th Terrace		
	Address	
Hialeah, FL 33014		
-	City/State and Zip Code	
E-mail address: (	to be used for future annual report notifica	ation)
oncerning this matter, please c	all:	
	305 401-4153	
Person	Area Code Daytime T	elephone Number
e following amount:		
☐ \$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)
<u>:</u> ection	Street Address: Registration Secti	on
orporations	Division of Corpo	prations
7 1 32314		
	Name of Lin  Amendment and fee(s) are subsidence concerning this matter  Odisa Gonzalez  Odisa Gonzalez CPA PA  6251 NW 110th Terrace  Hialeah, FL 33014  E-mail address: (oncerning this matter, please of the concerning this matter)  Person  c following amount:  S30.00 Filing Fee & Certificate of Status	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Odisa Gonzalez  Name of Person  Odisa Gonzalez CPA PA  Firm/Company  6251 NW 110th Terrace  Address  Hialeah, FL 33014  City/State and Zip Code  B-mail address: (to be used for future annual report notific meerning this matter, please call:  at (

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami Pulmonary Group LLC			
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on our reco ability Company)	ords.)
The Articles of Organization for this Limited I lorida document number L24000051823		were filed on 01/29/2024	and assigned
his amendment is submitted to amend the fol			
. If amending name, enter the new name	of the limited liabil	ity company here:	
he new name must be distinguishable and contain the	words "Limited Liabilit	ty Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	(BOX)		
3. If amending the registered agent and/or gent and/or the new registered office addre		ldress on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:		·	
New Registered Office Address:	10925 SW 26th S	Street	
		Enter Florida street add	ress _
	Miami	1	Florida <u>33165</u>
		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 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>	<u>Address</u>	Type of Action
MGR	Maria Campos		
		7261 SW 48th Street. Miami, FL 33155	<b>-</b> 20
			🗆 Change
AMBR	Maria Campos		□Add
			□Remove
		10925 SW 26th Street, Miami, FL 33165	🗏 Change
			🗆 Add
			Change
<u></u>			□ Add
			Remove
			Change
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Effective date, if	other than the date	01/29/2024 e of filing:		(optional)	••
f an effective date is !	listed, the date must be spinserted in this block d	pecific and cannot be prior to d does not meet the applicable ment of State's records.		00 days after filing.) Pursuant to	
locument's effecti record specifies a	delayed effective date	e, but not an effective time.	at 12:01 a.m. on the ea	rlier of: (b) The 90th day	after the
document's effecti record specifies a d is filed.	April.	25, 2024 V 7		·	after the -
document's effecti	April.	e, but not an effective time.		·	after the