

7/30/24, 2:44 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LOYALTY MEDICAL CENTER LLC

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Electronic Filing Menu

Corporate Filing Menu

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JUL 31 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOYALTY MEDICAL CENTER 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 02/16/2024 and assigned
Florida document number L24000080157

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2977 GOODLETTE FRANK ROAD STE 13

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34103

Enter new mailing address, if applicable:

2977 GOODLETTE FRANK ROAD STE 13

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34103

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:

CHANGE OF ADDRESS

New Registered Office Address:

2977 GOODLETTE FRANK ROAD STE 13

Enter Florida street address

NAPLES

Florida 34103

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

FILED
2024 JUN 30 PM 3:58
CLERK OF STATE

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>	<u>Type of Action</u>
AMBR	CHANGE OF ADDRESS	2977 GOODLETTE FRANK ROAD STE 13	<input type="checkbox"/> Add
		NAPLES, FL 34103	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CHANGE OF ADDRESS	2977 GOODLETTE FRANK ROAD STE 13	<input type="checkbox"/> Add
		NAPLES, FL 34103	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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