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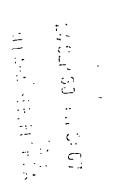
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

**Division of Corporations** HEALTHCARE LEGAL SERVICES PLLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JONATHAN M. SCOT Name of Person HEALTHCARE LEGAL SERVICES PLLC Firm/Company 15763 SW 99 TERRACE Address MIAMI, FLORIDA 33196 City/State and Zip Code JSCOT052@fiu.edu E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JONATHAN M. SCOTT Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Florida document number L24000313315		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
THE LAW OFFICE OF JONATHAN SCOTT, PLLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	"C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15763 SW 99 TERRACE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FLORIDA	
	33196	
Enter new mailing address, if applicable:	15763 SW 99 TERRACE	
•	MIAMI FLORIDA 33196	- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(Mailing address MAY BE A POST OFFICE BOX)	MINIMIT EORIDA 33130	
(Mailing address MAY BE A POST OFFICE BOX)	WIEWH I CORDA 33130	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	MINWIT EORDA 33170	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		₹:
B. If amending the registered agent and/or registered office a		₹:
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:		the name of the new registere
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	enter Enter Florida street addres	the name of the new registere
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter  Enter Florida street addres	the name of the new registere
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	enter Enter Florida street addres	the name of the new registere

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
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ective date, if other than effective date is listed, the date e: If the date inserted in this ument's effective date on the	is block does not me	et the applica	o date of filing oble statutory f	or more than 90 of the state of	(optional) days after filing. ents, this date	) Pursuant to 605.0 will not be listed
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