

8/8/24, 12:24 PM

Division of Corporations

L24000327522
Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PERFECTION MEDICAL CENTER LLC

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PLNT
08/08/24

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PERFECTION 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 07/26/2024 and assigned Florida document number 124000327522.

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:

5180 NW 7 ST APT 402

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33126

Enter new mailing address, if applicable:

5180 NW 7 ST APT 402

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33126

FILED
MAY 10 10:39 AM '24
MIAMI, FL

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:

5180 NW 7 ST APT 402

Enter Florida street address

MIAMI

Florida

33126

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

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	5180 NW 7 ST APT 402	<input type="checkbox"/> Add
		MIAMI, FL 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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