

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

((H24000293192 3)))



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Div. 100 - Police Officers

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COVER LETTER

**TO: Registration Section
Division of Corporations**

H24000293192

SUBJECT: Pediatrica Health of Florida, LLC
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:

Roberto L. Palenzuela

Name of Person

Pediatrica Health Group, LLC

Firm/Company

75 Valencia Avenue, Suite 709

Address

Coral Gables, FL 33134

City/State and Zip Code

roberto@pediatrica.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto L. Palenzuela

Name of Person

at (786) 875-1931

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PEDIATRIC HEALTH OF FLORIDA, LLC

The Articles of Organization for this Limited Liability Company were filed on August 9, 2024 and assigned Florida document number 1.24000344971.

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

75 Valencia Avenue

Suite 709

Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

75 Valencia Avenue

Suite 709

Coral Gables, FL 33134

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:

Enter Florida street address

Florida

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

H24000293192

Assignment Envelope ID: B3DD5504-2C63-4B50-91D1-B378CBF15AD6
 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

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[illegible]

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[illegible]**Filing Fee: \$25.00**