Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500

Fax Number

: (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emai	 	 	

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Certificate of Status	0
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	COV	ER	LETTER

		ration Secton of Corp			H24000293192
		ediatrica H	ealth of Florida, LLC		
SUBJECT:			Name of Lim	ited Liability Company	
The enclo	osed A	nicles of A	mendment and fec(s) are sub	mitted for filing.	
Please ret	turn al	l correspond	lence concerning this matter	to the following:	
			Roberto L. Palenzuela		
				Name of Person	
			Pediatrica Health Group, I	LLC	
				Firm/Company	
			75 Valencia Avenue, Suite	: 709	
				Address	
			Coral Gables, FL 33134		
				City/State and Zip Code	
			roberto@pediatrica.com	to be used for future annual report no	(lustion)
For furthe	er info	rmation cor	icerning this matter, please c	•	Meanory
Roberto	L. Pal	enzuela		786 875-1931	
		Name of i	Person	at () Area Code Daytii	ne Telephone Number
Enclosed	l is a cl	neck for the	following amount:		
□ \$25.0	00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O.	na Address: stration Science of Co ion of Co Box 6327 hassee, FI	ection rporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre Tallahassee, F	rporations Tallahassee be Street, Suite 810

Docusign Envelope ID: B3DD5504-2C63-4B50-91D1-B378CBF15AD6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000293192

- · · · · · · · · · · · · · · · · ·	TH OF FLORIDA, LLC		
(Name of the Limited Liability Compa (A Fiorida Limited)	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.24000344971	were filed on August 9, 2024	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
	W. C. C.	abbassississ #1 L C "	
The new name must be distinguishable and contain the words "Limited Liabi		appreviation L.L.C.	
Enter new principal offices address, if applicable:	75 Valencia Avenue		
(Principal office address MUST BE A STREET ADDRESS)			
	Coral Gables, FL 33134		
Enter new mailing address, if applicable:	75 Valencia Avenue		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 709	702	
Triming was 1.77	Coral Gables, FL 33134	<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered	
Name of New Registered Agent:		- က မ	
New Registered Office Address:	Enter Florida street address	<u> </u>	
	Enter Florida street address		
	, Florida _	Zip Code	
	City	rap cont	

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

_ □Remove

Change

Docusign Envelope ID: 83DD5504-2C63-4B50-91D1-B37BCBF15AD6
If amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	lanager authorized Member		H24000293192
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			☐Remove
			□Change
			□Add
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			☐ Change
			□Add
			☐ Remove
			☐ Change
			□Add

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Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and centor be prior to date of Sting or more than 90 days ofter filing.) Porsuant to 605 9207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as I document's effective date on the Department of State's records, are record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated August 29 [Vr. Praturilo 1:1.14] Signature of a member or authorized representative of a member Prasanthi Reddy, Authorized Representative of Member	•		ch additional sheets, if necessary.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed. Dated August 29 Outed Signature of a member or authorized representative of a member.			
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