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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MOORE & MENKHAUS, P.A.

Account Number : 128000000087 Phone : (561)394-7910 Fax Number : (561)393-6541

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

Email Address: Stoxlevine @ popediatrics. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALM BEACH PEDIATRICS, LLC

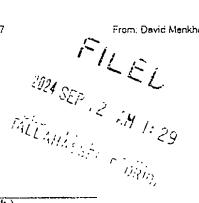
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K. SALY SEP 13 2024 To:

(1(H24CO0311194 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF



	PALM BEACH PEDIA TRICS, EL	,C	
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liab Porida document number		8/12/2024	and assigned
his amendment is submitted to amend the follow			
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the de	esignation "LLC" or the	abbreviation "ELC"
Enter new principal offices address, if applicab	ole:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	23.1.5.		
B. If amending the registered agent and/or reg agent and/or the new registered office address	•	cords, enter the na	ame of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		, Florida	
	City		7:p 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

M H2400311194

MGR = Manager

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If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

<u>l'itle</u>	Name	Address	Type of Action
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PLEASE UPDATE THE EIN I	NUMBER TO REFLECT 59-2724116.
PALM BEACH PEDIATRICS	S, PA UNDERSENT A CONVERSION TO BECOME AN LLC WITH ALL
DOCUMENTATION FILED	WITH THE FLORIDA DIVISION OF CORPORATIONS. THE LLC IS
NOW ACTIVE BUT THE CO	INVERSION FORMS DID NOT ALLOW A PLACE FOR THE EIN TO
TRANSFER WITH THE ENT	TTY. PLEASE UPDATE PALM BEACH PEDIATRICS, LLC
DOCUMENT NUMBE L2400	00363076 TO REFLECT AN EIN OF 59-2724:16
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ve date, if other than the d	tate of filing: (optional) te specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
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