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DIVISION OF CORPORATIONS

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### CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

	<b>CERTIFIED COPY</b>	
хх	РНОТОСОРУ	
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	PremierMD ACO	LLC
	(CORPORATE NAME AND DOCU	JMENT #)
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIERMD ACO, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on e Liability Company)	ur records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:	, j	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation (C."	
Enter new principal offices address, if appli	cable:	2800 Ponce de Leon	Blvd.	
(Principal office address MUST BE A STREET ADDRESS)		Suite 1480		
		Coral Gables, FL 33	134	
Enter new mailing address, if applicable:		2800 Ponce de Leon	Blvd.	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 1480		
		Coral Gables, FL 33	134	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>:e</u> :	records, enter the name of the new	
New Registered Office Address:	200 S. Biscayn	e Blvd., Suite 3000		
New Registered Office Address.		Enter Florida sti	reet address	
	Miami		, Florida 33131	
		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 Rouistered Agent

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
MGR	Victor Toledano, M.D.	2800 Ponce de Leon Blvd.	
		Suite 1480	☐ Remove
		Corni Gables, FL 33134	■ Change
MGR	Antonio Wong, M.D.	2800 Ponce de Leon Blvd.	□ Add
		Suite 1480	☐ Remove
		Coral Gables, FL 33134	Remove  Remove  Remove
MGR William Jonsen, M.D.	William Jensen, M.D.	2800 Ponce de Leon Bivd.	Remove
		Suite 1480	Remove :
		Coral Gables, FL 33134	© Change
MGR	Joseph Vasta	2800 Ponce de Leon Blvd.	<b>⊑</b> Add
	Suite 1480	Remove	
	Coral Gables, FL 33134	Change	
CEO	Joseph L. Caruncho	2800 Ponce de Leon Blvd.	■ Add
		Suite 1480	Remove
		Coral Gables, FL 33134	☐ Change
MGR	Scott Silverstein	3465 Galt Ocean Drive	□ Add
		Suite 203	■ Remove
		Ft. Lauderdale, FL 33308	□ Change

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record specifies a delayer The 90th day after the rec	effective date, l ord is filed.	out not an ef	fective time, at	: 12:01 a.m. oı	the earlier of:
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	Signature of a member	or authorized was	recentative of a man	har	<del></del>

Page 3 of 3

Filing Fee: \$25.00