

L13000117351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

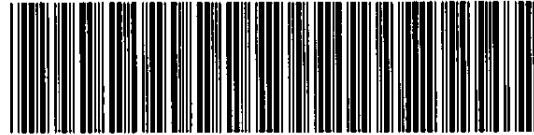
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100250071791

RECEIVED
DEPARTMENT OF STATE
13 AUG 27 PM 2:03

2013 AUG 27 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

N. Culligan AUG 28 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 778444 7509084

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 27, 2013

ORDER TIME : 1:06 PM

ORDER NO. : 778444-005

CUSTOMER NO: 7509084

DOMESTIC AMENDMENT FILING

NAME: BRAY PARK EMERGENCY
PHYSICIANS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
X PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2013 AUG 27 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bray Park Emergency Physicians, 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 August 13, 2013 and assigned
Florida document number L13000117351

This amendment is submitted to amend the following:

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

Bray Park Inpatient Services, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated August 26, 2013.

Robyn Elliott-Ratton

Signature of a member or authorized representative of a member

Robyn Elliott-Ratton

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 AUG 27 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA