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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NORTH OKALOOSA FAMILY MEDICINE, PLLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
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2006/009

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: NORTH OKALOOSA FAMILY MEDICINE, PLLC***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:

Cheyenne Moseley*Name of Person***Legalzoom.com, Inc.***Firm/Company***101 N. Brand Blvd., 11th Floor***Address***Glendale, CA 91203***City/State and Zip Code***jimmie.d.bailey.ii@gmail.com***E-mail address. (to be used for future annual report notification)*

For further information concerning this matter, please call:

Cheyenne Moseleyat **800 773-0888 ext. 9724***Name of Person**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/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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007/009

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH OKALOOSA FAMILY MEDICINE, PLLC*(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 06/09/2016 and assigned
Florida document number L16000112130

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

951 S Fardon Blvd.

Crestview, Florida 32536

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

951 S Fardon Blvd.

Crestview, Florida 32536

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:

13302 Winding Oak Court, Suite A

Enter Florida street address

Tampa

Florida 33612

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

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0008/009

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

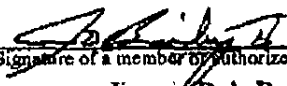
Article IV: please change the address for authorized member Jimmie D Bailey II to:

951 S Fardon Blvd.

Crestview, Florida 32536

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1 July, 2016



Signature of a member or authorized representative of a member

Jimmie Dale Bailey II, M.D.

Typed or printed name of signee

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