

To: 18506176383

Division of Corporations

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2021-07-20 14:58:23 CST

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From: Ranae McGraw

L010000008214

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)230-3338
Fax Number : (954)208-0845

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

Email Address: _____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RIDGE MEDICAL ASSOCIATES, L.L.C.

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIDGE MEDICAL ASSOCIATES, L.L.C.

(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 05/21/2021 and assigned
Florida document number L01000008214.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3030 N. Rocky Point Dr.

Suite 825

Tampa, FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3030 N. Rocky Point Dr.

Suite 825

Tampa, FL 33607

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: C T Corporation System

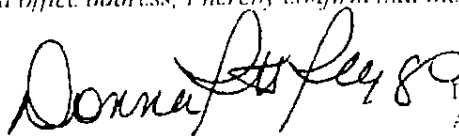
New Registered Office Address: 1200 Pine Island Rd.

Enter Florida street address

Plantation, Florida 33324
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.



Donna Peterson-Riggs,
Asst. Secretary

If Changing Registered Agent, Signature of New Registered Agent

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sunil Nihalani	4312 Duck Down Lane	<input type="checkbox"/> Add
		Winterhaven, FL 33884	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Preeti Harchandani	4312 Duck Down Lane	<input type="checkbox"/> Add
		Winterhaven, FL 33884	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Best Value Intermediate II, LLC	c/o Arsenal Capital Partners, 100 Park Ave.	<input type="checkbox"/> Add
		New York, NY 10017	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

July 19, 2021

Dated _____

- DocuSigned by:

Thomas Whytas

TE-738JC34C9

Signature of a member or authorized representative of a member

Thomas Whytas, Authorized Representative

Typed or printed name of signee