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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH ELP

Account Number : I19980000090 : (407)839-4200 Phone Fax Number : (407)839-4264

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S TALL FO SOUTHWEST ORLANDO FAMILY MEDICINE, P.L. AUG 0.3 2000

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on October 24, 2002	and assigned
Florida document number 1.02000028326		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	nc shbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020
(Principal office address MUST BE A STREET ADDRESS)		٠٠٠ عا ١٠٠
		ي :
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		<u>.</u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the I	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
HOW MEDIATED OF THE PARTY OF TH	Enter Florida street address	
		l
	, Florida	
New Registered Agent's Signature, if changing Registered Ager	City	Zip Code

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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

Title	<u>Name</u>	Address	Type of Action
MGR	Meliza C. Gonzales	7400 Docs Grave Circle	DbA
		Orlando, FL 32819	≅Remove
			Change
MGR/P	Patrick P. Gonzales	7400 Docs Grove Chicle	bbA□
		Orlando, Florida 32819	□Remove
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			☐ Change
-			bAdd
			Remove
			□Add
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		<u> </u>	□ Change
			DAdd
			□Remove
			□ Change

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m effec o <u>te:</u> I:	te date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	July 31, 2020.
	Mars 1. A trata
	Kan la fre de m
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00

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