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63-6221

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUPPLIES Florida 3rd Party Administrators, LLC	fka Third Party Administrators of Florida, LLC			
DODGECK:	nited Liability Company)			
	·			
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence concerning this matter	to the following:			
•				
Melinda	a Green			
	lame of Person)			
	•			
	nce Capital Consultants, LLC Firm/Company)			
	And Company)			
2101 Corpor	ate Blvd., Suite 415			
	(Address)			
Boca Ra	iton, FL 33431			
(City/	State and Zip Code)			
For further information concerning this matter, please of	all Ze S			
For further information concerning and matter, please c	all: \$\frac{\pi_{\text{0.000}}}{\pi_{\text{0.000}}}\text{0.000}			
Melinda Green	at (304) 974-3002 · (2)31 1			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Seed to the death of the City				
Enclosed is a check for the following amount: \$\Boxed{1} \\$ \$25.00 \text{ Filing Fee } \\$ \$30.00 \text{ Filing Fee & }	✓ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,			
Certificate of Status	Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)			
•				
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section Registration Section Division of Corporations Division of Corporations				
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, Florida 32314			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida 3rd Party Administrators, LLC fka Third Party Administrators of Florida, LLC

(Present Name)

(A Florida Limited Liability Company)

ciroi:	document number L03000006221	gnea		
SECOND:	The following amendment(s) to the Articles of Organization was/were adoptiability company:	pted by the li	mited	
Article II - A	ddress			
he mailing	address and street address of the principal office of the Limited Liability Company	is:		
	1395 Panther Lane, Suite 100, Naples, FL 34109			
Dated	September 23, 2004	SECTIONAY OF STATE TALLAHASSEE, FLORIDA	04 NOV -1 AM II: 33	
_	Signature of a member or authorized representative of a member Dr. William K. Nevius,	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	Typed or printed name of signee	·		

Filing Fee: \$25.00