LO4000017407

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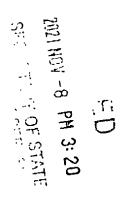
A. RIVERS

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COVER LETTER

TO:

TO: Registration Se Division of Cor				
	th of North Port, LLC		,	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Lee S. Gross, M.D.			
		Name of Person		
	Prime Health of North Por	t, LLC		
		Firm/Company		
	2975 Bobcat Village Cente	er Rd., Suite 100		
		Address	· · · · · · · · · · · · · · · · · · ·	
	North Port, FL 34288			
	 	City/State and Zip Code		
	leegross@msn.com			
	E-mail address: (to be used for future annual report not	fication)	
for further information c	concerning this matter, please c	all:		
Janice Gross		941 812-6945 at ()		
Name o	of Person		ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration		Street Address: Registration Se	ction	
Division of C			Division of Corporations	
P.O. Box 632	27	The Centre of T	Fallahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prime Health of North Port, 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 March 4, 2004 and assigned Florida document number L04000017407 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) 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: New Registered Office Address: Enter Florida street address 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

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>	Name	<u>Address</u>	Type of Action
AMBR	William L. Crouch, IV, M.D.	2401 Isle of Palm Dr. Venice, FL 34292	≣Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			
			Change
			🗀 Add
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	 		🗀 Add
			□Remove
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			🗀 Add
		**************************************	□Remove
			Change

	
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an effective	ate, if other than the date of filing: (optional) 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 605.02
	edate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
ocument s	Crective date on the Department of State's records.
	cities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
recora spec l is filed.	sines a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
	I/I
	November 4 2021
	November 4. 2021
	November 4 . 2021
	November 4 . 2021 Signature of a member or authorized representative of a member

. . .

Filing Fee: \$25.00