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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

PRIMECARE MEDICAL GROUP, LLC

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:

Haksoo Stephen Lee

Name of Person

Law Offices of H.S. Stephen Lee, P.A.

Firm/Company

3411 West Fletcher Avenue, Suite A

Address

Tampa, Florida 33618

City/State and Zip Code

hlee@hsleelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Haksoo Stephen Lee

at (_____)

Daytime Telephone Number

))

Enclosed is a check for the following amount:

Name of Person

☑ \$25,00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

Section 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIMECARE MEDICAL GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.

The Articles of Organization for this Limited Liability Company w	ere filed on 08/08/2005	and assigned	
Florida document number L05000078183	ere med on	and assigned	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
veriMED Health Group Carrollwoo	od, LLC		
The new name must be distinguishable and contain the words "Limited Liability		breviation "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 offic registered agent and/or the new registered office address here:	ce address on our records, enter	the name of the	<u>new</u>
Name of New Registered Agent:		Pis 2	_
New Registered Office Address:		2010 ALL	_
	Enter Florida street address		
	, Florida	8	-
	City	rZip Code (57	'n
New Registered Agent's Signature, if changing Registered Agent:			1
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am f ovided for in Chapter 605, F.S. Or,	am <u>lliar</u> with and if this docu nl ent is	

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> <u>Name</u> Address Type of Action _ \BAdd _□ Remove _□ Change _□ Add □ Remove _□ Change _D Add _□ Remove _□ Change _□ Add TACLAHARSECTLORGA _ Change ☐ Remove ☐ Change

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Filing Fee: \$25.00