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C. LEW!S

MAY 31 2013

EXAMINER

COVER LETTER

, TO: Registration Section Division of Corporations

River Jordan Cardiovascular Health, 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:

Eric J Crall, M.D.

Name of Person

River Jordan Cardiovascular Health, LLC

Firm/Company

14849 Tudor Chase Dr

Address

Tampa, FL 33626

City/State and Zip Code

ecrall@tampabay.rr.com

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

For further information concerning this matter, please call:

Eric J Crall, M.D.

727 580-0927

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of 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**

FILED

River Jordan Cardiovascular Health, LL (Name of the Limited Liability Comp. (A Florida Limited)	C If	MAY 30 AM 11: 17	
(Name of the Limited Liability Comp.	iny as it now appears on our record	is:)	
(A FIORIUS IZIIIIICU	Liability Company) TARE	Allagore, Fleshin.	
The Articles of Organization for this Limited Liability Company	y were filed on April 27, 2013	and assigned	
Florida document number L0600000153			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
River Jordan DPC Physicians, LLC			
The new name must be distinguishable and end with the words "Lin "L.L.C."	nited Liability Company," the designation	tion "LLC" or the abbreviation	
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 of		enter the name of the new	
registered agent and/or the new registered office address he	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flori	ida	
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			 .	
			Add	
			Remove	
		· · · · · · · · · · · · · · · · · · ·	Add	
			Remove	
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D. H amending any other information	nation, enter change(s) here: (Attach a	FILED
		13 MAY 30 AM II: 17
		選級部にAFT にE STANE WALLATIA SEDE、FIL GEIDA
Dated May 23		
Elial	L M Signature of a member or authorized represe	entative of a member
Eric J Crall, M	•	

Page 3 of 3

Filing Fee: \$25.00