

L070000016295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

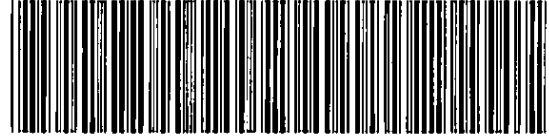
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JUL 20 AM 8:34  
CLERK OF STATE  
TALLAHASSEE, FL  
FILED

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 1/20/2021

**\*\*WALK IN\*\***

ENTITY NAME ORMOND MEDICAL ARTS FAMILY PRACTICE, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

\_\_\_\_\_  
XXXX  
\_\_\_\_\_  
\_\_\_\_\_  
Plain Copy  
Certified Copy  
Certificate of Status

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Certified Copy of Arts & Amendments  
Certificate of Good Standing

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$55.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Ormond Medical Arts Family Practice, PL

\_\_\_\_\_  
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:

Margaret Alexander

\_\_\_\_\_  
Name of Person

Bass Berry & Sims PLC

\_\_\_\_\_  
Firm/Company

150 Third Avenue South, Suite 2800

\_\_\_\_\_  
Address

Nashville, Tennessee 37201

\_\_\_\_\_  
City/State and Zip Code

jpreuss@completehealth.com

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

For further information concerning this matter, please call:

Margaret Alexander

615

742-2851

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**AMENDED AND RESTATED ARTICLES OF ORGANIZATION**  
*of*  
**ORMOND MEDICAL ARTS FAMILY PRACTICE, LLC**

Pursuant to Section 605.0202 of the Florida Revised Limited Liability Company Act (the "*Act*"), the undersigned, being the sole manager of Ormond Medical Arts Family Practice, LLC, a Florida limited liability company (the "*Company*"), hereby adopts the following Amended and Restated Articles of Organization of the Company to supersede the heretofore existing articles of organization of the Company and any and all amendments thereto, and certifies that:

- (1) The name of the limited liability company is "Ormond Medical Arts Family Practice, LLC." Immediately prior to the effectiveness hereof, the Company was formerly known as "Ormond Medical Arts Family Practice, PL."
- (2) The articles of organization of the Company were filed with the Secretary of State of the State of Florida on February 12, 2007 under document number L07000016295.
- (3) The articles of organization of the Company, as amended to date and presently in effect, are hereby amended and restated in their entirety as follows:

**ARTICLE 1**  
**NAME**

The name of this limited liability company is Ormond Medical Arts Family Practice, LLC (the "*Company*").

**ARTICLE 2**  
**PERIOD OF DURATION**

The period of duration of the Company is perpetual. The date with which the existence of the Company began was February 9, 2007.

**ARTICLE 3**  
**PURPOSE**

The Company is authorized to engage in any lawful act or activity for which limited liability companies may be organized under the Florida Revised Limited Liability Company Act.

**ARTICLE 4**  
**PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company are as follows:

1301 Riverside Blvd., Suite 1818  
Jacksonville, Florida 32207

RECEIVED  
JAN 20 11 20 AM 8 34  
SECRET

**ARTICLE 5  
REGISTERED AGENT; REGISTERED OFFICE**

The name and street address of the registered agent of the Company in the State of Florida are as follows:

Name: CT Corporation System  
Street Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE 6  
MANAGEMENT**

The Company shall be manager-managed. The name and address of the manager who is serving as the sole manager as of the date hereof is as follows:

Name: Jeffrey Preuss  
Address: 1301 Riverside Blvd., Suite 1818  
Jacksonville, Florida 32207

**ARTICLE 7  
EFFECTIVE DATE**

These Amended and Restated Articles of Organization of the Company are effective as of the date filed with the Secretary of State of the State of Florida.

*[Signature Page Follows]*

**IN WITNESS WHEREOF**, the undersigned has executed these Amended and Restated Articles of Organization of the Company as of the \_\_\_\_ day of January, 2021.

**SOLE MANAGER:**

*Jeffery Preuss*

\_\_\_\_\_  
Jeffery Preuss