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EXAMINER



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O9 APR 29 EM TO TATE
SECRETARY OF STATE
AHASSEE FLORIDA

COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT: Baptis	st Pace Practice, IIC				
SUBJECT. DAPLES	(Name of Limi	ited Liability Company)			
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	Elizabeth C. Callab		·		
		(Name of Person)			
Beggs & Lane, RLIP					
		(Firm/Company)			
501 Commendencia Street					
(Address)					
	Pensacola, FL 32502				
		(City/State and Zip Code)			
For further information con	cerning this matter, please ca	all:			
Penny J. Boyce		at (850 <u>432-2451</u>			
(Name of	Person)	(Area Code & Daytime T	elephone 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

49.

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

Baptist Pace Practice, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ibility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on <u>June_13,_2007</u>	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Baptist Physician Partners, LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		name of the new
Name of New Registered Agent:		·
New Registered Office Address:		09 SEC
	(Enter Florida street addre	PR 7
	(City), Florida	Tip Code In
New Registered Agent's Signature, if changing Registered Agent:	;	FLOR ALL
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr	te performance of my duties, and I am	familiar with and

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** Title <u>Name</u> **Address** ☐ Add Remove ∫ Add □ Remove Remove 🞵 Add Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ 7. Caulahan
Signature of a member or authorized representative of a member Elizabeth C. Callahan, Esquire Typed or printed name of signee

Page 2 of 2

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Filing Fee: \$25.00