#107000111372

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SECRETARY OF STATE

NUMBER OF STATE

K. SALY EXAMINER MAR 8 2012

COVER LETTER

	on Section f Corporations		
SUBJECT:	511 Pri	mary Care, LLC	
		nited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are su	abmitted for filing.	
Please return all coi	rrespondence concerning this matte	er to the following:	
		Philip Linsky Name of Person	<u> </u>
		Name of Person	
		511 primary care	
		Firm/Company	
	1370	1 bruce b downs blvd #105	
		Address	
		Tampa/FI 33613	·
		City/State and Zip Code	
	E-mail address:	linsky511@gmail.com (to be used for future annual report notifice	ition)
For further informa	tion concerning this matter, please	-	
	philip linsky	at (813) 4	17-3833
N	ame of Person	Area Code & Daytime	Felephone Number
Enclosed is a check	for the following amount:		
S25.00 Filing Fe	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 12 MAR -7 PM 2: 44

511 Phinar	y Care, LLC	IAL	-LAHASSEE, FLORID
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears o Liability Company)	n our records.)	, I LUKIU,
The Articles of Organization for this Limited Liability Compan	y were filed on	6/27/2011	and assigned
Florida document numberL07000111372			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
511 Weight			
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Company,	" the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		M-	
Enter new mailing address, if applicable:		Λ	-gamma in an ann an a
(Mailing address MAY BE A POST OFFICE BOX)		IT	
B. If amending the registered agent and/or registered or registered of the second of the new registered office address he		records, enter	the name of the new
Name of New Registered Agent:	NA		
New Registered Office Address:	Enter	Florida street ad	dress
		, Florida	
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	Managing Member	A 44	Tune of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			
	· · ·		Add Remove
			Remove
			Add Remove
		V	Kemove
			Add
			Remove
			—
D. If amen	ding any other informatio	n, enter change(s) here: (Attach additional sheet	ts, if necessary.)
		W	
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	01/7-		
Dated	3/5/12		
		() with	
	Signat	ure of a member or authorized representative of a mer	nber
		Typed or printed name of signee	

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Filing Fee: \$25.00