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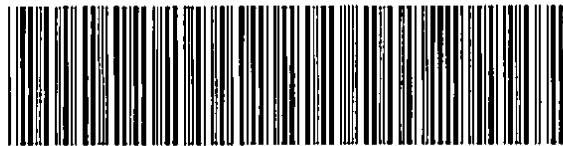
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DATE: 6/28/19

NAME: VERIMED HEALTH GROUP PASADENA, LLC

TYPE OF FILING: AMENDMENT

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ACCOUNT: FCA000000015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VERIMED HEALTH GROUP PASADENA, 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:

MARTIN REVELLO

Name of Person

VERIMED IPA, LLC

Firm/Company

26838 TANC DRIVE

Address

WESLEY CHAPEL, FL 33544

City/State and Zip Code

mrevello@verimedipa.com

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

For further information concerning this matter, please call:

MARTIN REVELLO

813 991-4000

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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Certificate of Status

☐ \$55.00 Filing Fee &
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☐ \$60.00 Filing Fee,
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Certified Copy
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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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VERIMED HEALTH GROUP PASADENA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/09/2008 and assigned
Florida document number L08000066227.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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 605, 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	VERIMED HEALTH GROUP HOLDINGS, LLC	26838 TANIC DRIVE, WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTIN REVELLO	26838 TANIC DRIVE, WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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1. Introduction
 2. Background
 3. Methodology
 4. Results
 5. Conclusion
 6. References
 7. Appendix
 8. Index
 9. Table of Contents
 10. Figure
 11. Table
 12. Figure
 13. Table
 14. Figure
 15. Table
 16. Figure
 17. Table
 18. Figure
 19. Table
 20. Figure
 21. Table
 22. Figure
 23. Table
 24. Figure
 25. Table
 26. Figure
 27. Table
 28. Figure
 29. Table
 30. Figure
 31. Table
 32. Figure
 33. Table
 34. Figure
 35. Table
 36. Figure
 37. Table
 38. Figure
 39. Table
 40. Figure
 41. Table
 42. Figure
 43. Table
 44. Figure
 45. Table
 46. Figure
 47. Table
 48. Figure
 49. Table
 50. Figure
 51. Table
 52. Figure
 53. Table
 54. Figure
 55. Table
 56. Figure
 57. Table
 58. Figure
 59. Table
 60. Figure
 61. Table
 62. Figure
 63. Table
 64. Figure
 65. Table
 66. Figure
 67. Table
 68. Figure
 69. Table
 70. Figure
 71. Table
 72. Figure
 73. Table
 74. Figure
 75. Table
 76. Figure
 77. Table
 78. Figure
 79. Table
 80. Figure
 81. Table
 82. Figure
 83. Table
 84. Figure
 85. Table
 86. Figure
 87. Table
 88. Figure
 89. Table
 90. Figure
 91. Table
 92. Figure
 93. Table
 94. Figure
 95. Table
 96. Figure
 97. Table
 98. Figure
 99. Table
 100. Figure
 101. Table
 102. Figure
 103. Table
 104. Figure
 105. Table
 106. Figure
 107. Table
 108. Figure
 109. Table
 110. Figure
 111. Table
 112. Figure
 113. Table
 114. Figure
 115. Table
 116. Figure
 117. Table
 118. Figure
 119. Table
 120. Figure
 121. Table
 122. Figure
 123. Table
 124. Figure
 125. Table
 126. Figure
 127. Table
 128. Figure
 129. Table
 130. Figure
 131. Table
 132. Figure
 133. Table
 134. Figure
 135. Table
 136. Figure
 137. Table
 138. Figure
 139. Table
 140. Figure
 141. Table
 142. Figure
 143. Table
 144. Figure
 145. Table
 146. Figure
 147. Table
 148. Figure
 149. Table
 150. Figure
 151. Table
 152. Figure
 153. Table
 154. Figure
 155. Table
 156. Figure
 157. Table
 158. Figure
 159. Table
 160. Figure
 161. Table
 162. Figure
 163. Table
 164. Figure
 165. Table
 166. Figure
 167. Table
 168. Figure
 169. Table
 170. Figure
 171. Table
 172. Figure
 173. Table
 174. Figure
 175. Table
 176. Figure
 177. Table
 178. Figure
 179. Table
 180. Figure
 181. Table
 182. Figure
 183. Table
 184. Figure
 185. Table
 186. Figure
 187. Table
 188. Figure
 189. Table
 190. Figure
 191. Table
 192. Figure
 193. Table
 194. Figure
 195. Table
 196. Figure
 197. Table
 198. Figure
 199. Table
 200. Figure
 201. Table
 202. Figure
 203. Table
 204. Figure
 205. Table
 206. Figure
 207. Table
 208. Figure
 209. Table
 210. Figure
 211. Table
 212. Figure
 213. Table
 214. Figure
 215. Table
 216. Figure
 217. Table
 218. Figure
 219. Table
 220. Figure
 221. Table
 222. Figure
 223. Table
 224. Figure
 225. Table
 226. Figure
 227. Table
 228. Figure
 229. Table
 230. Figure
 231. Table
 232. Figure
 233. Table
 234. Figure
 235. Table
 236. Figure
 237. Table
 238. Figure
 239. Table
 240. Figure
 241. Table
 242. Figure
 243. Table
 244. Figure
 245. Table
 246. Figure
 247. Table
 248. Figure
 249. Table
 250. Figure
 251. Table
 252. Figure
 253. Table
 254. Figure
 255. Table
 256. Figure
 257. Table
 258. Figure
 259. Table
 260. Figure
 261. Table
 262. Figure
 263

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Dated JUNE 28 2019

Martin Revello

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