## L0900086210

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SECRETARY OF STATE

D. BRUCE

SEP 1 4 2009

**EXAMINER** 

## **COVER'LETTER**

TO: Registration S Division of Co				
SUBJECT:	Primus Me	edical Group, LLC		
	Name of Lim	ted Liability Company		_
. The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		Richard J. Lucibella Name of Person		_
		Name of Person		
,	Ca	Cambridge Medical Group		
		Firm/Company		
	10817	10817 South Jog Road, Suite 230  Address  Boynton Beach FL 33437		
	Bo			
		City/State and Zip Code		II AM
	E-mail address: (	rich@lucibella.com to be used for future annual rep	ort notification)	- ES = D
For further information	concerning this matter, please of	all:		36 ATE RIDA
Rich	nard J. Lucibella	at (_561 )	634-8888	
Name	of Person	Area Code &	Daytime Telephone Num	nber
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 e	Certif enclosed) Certif	Filing Fec, ficate of Status & fied Copy tional copy is enclosed)
MAI	LING ADDRESS:	STREET/0	COURIER ADDRESS	S:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ÁRTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CMG II, LLC					
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability	Company were filed on	08 Sept 2009	and assigned			
Florida document number L0900086210	<del>.</del>		•			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :				
	Medical Group, LLC		<b>_</b>			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "I	LE of the breviation			
Enter new principal offices address, if applicable:			ASS.			
(Principal office address MUST BE A STREET AD)	DRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AH III 36			
B. If amending the registered agent and/or reg		our records, <u>enter t</u>	he name of the new			
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
<u> </u>	, 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

Is 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LUCIBELLA, RICHARD	10817 SOUTH JOG ROAD #230 BOYNTON BEACH FL 33435	Add Remove
<u>MGRM</u>	Lavernia, Ivan	10817 SOUTH JOG ROAD #230 BOYNTON BEACH FL 33435	Add  Remove
MGRM	Perez-Mesa, Francisco	10817 SOUTH JOG ROAD #230 BOYNTON BEACH FL 33435	Add  Remove
MGRM	Luci Holdings, LLC	5 Beachway North Ocean Ridge, FL 33435	✓ Add Remove
MGRM	FPM MEDICAL MGMT LLC	1999 THATCH PALM DR BOCA RATON FL 33432	✓ Add ☐ Remove
MGRM	Naive Corp.	5100 Ne 31 Ave Lighthouse Point, FL 33064	✓Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessa	09 SEP   SECRETAR TALLAHASS
  Dated	9 September 20	DOS .	LED 'AHII: 36 F. F. STATE RE. F. ORIBA
	Signaturo f a membe	r or authorized representative of a member	<del></del>
	Ri	chard J. Lucibella I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00