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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	٠.	Byerly Turk, LLC		
30001101	•		ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		David Dizney		
			Name of Person	
Byerley Turk, LLC Firm/Company 603 Main Street Address				
		603 Main Stre	et	
			Address	
		Address Windermere, FL 34786 City/State and Zip Code kbarkman@unitedmedical.com		
				
			to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please c	all:	
_ K	evin Barkı	nan	at (407) 876-220	0
	Name o	f Person		e Telephone Number
Enclosed is	a check for th	e following amount:		
XX \$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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, F1, 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Byerly Turk, LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) ipany)	
The Articles of Organization for this Limited Liability Company were filed or	on Dec. 15, 2009 and a	ssigned
Florida document numberL09000119280		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	any here:	
Byerley Turk, LLC		ó
he new name must be distinguishable and contain the words "Limited Liability Company.	"the designation "LLC" or the abbreviation	ĒĻL.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	300
		2 mm
		6413
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office addre- egistered agent and/or the new registered office address here:	ess on our records, <u>enter the name</u>	e of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	ter Florida street address	-1
	, 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. Thereby 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00