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## **COVER LETTER**

TO:

Registration Section Division of Corporations

PRIMECARE NORTH PLANT CITY, 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:

Haksoo Stephen Lee

Name of Person

Law Offices of H.S. Stephen Lee, P.A.

Firm/Company

3411 West Fletcher Avenue, Suite A

Address

Tampa, Florida 33618

City/State and Zip Code

hlee@hsleelaw.com

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

For further information concerning this matter, please call:

Haksoo Stephen Lee

\_813、606-4533

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

2 \$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 Tallahassec, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## PRIMECARE NORTH PLANT CITY, 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		7/2010 and assigned			
Florida document number L1000002731	were med on	and assigned			
Plorida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
veriMED Health Group Holdings	, LLC				
The new name must be distinguishable and contain the words "Limited Liabil		"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	<del></del>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, enter the name of the new			
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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office a company has been notified in writing of this change.  If Change	performance of my duties rovided for in Chapter 6 address, I hereby confirn	s, and I am familiar with and 05, F.S. Or, if this document is that the limited liability			
Page 1	ging Registered Agent, <u>Signat</u>	wre of New Registered Agent To			

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 **Title** Type of Action Name <u>Address</u> \_🗀 Add \_□ Remove \_□ Change □ Add ☐ Remove \_ Change \_□ Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove Change 担 Add Nemore υ Change

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Filing Fee: \$25.00