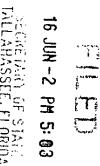
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COVER LETTER

TO:	Registration Se Division of Cor				
CUDIE	KENTUCK	CY PHYSICIANS SERVICES,	LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Jordan DeLoach Hurlburt			
			Name of Person		
		DeLoach, P.L.			
			Firm/Company		
		1206 East Ridgewood Stre	et		
			Address		
		Orlando, Florida 32803			
			City/State and Zip Code		
		geoff@dcloachplanning.com			
		E-mail address: (g this matter to the following: Name of Person		
For furth	er information c	oncerning this matter, please ca	all:		
Geoff K	night				
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed	l is a check for th	ne following amount:			
□ \$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	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KENTUCKY PHYSICIANS SERVICES, 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 Liabi Florida document number L10000033501	ility Company were filed on 03/25/2010	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
PHYSICIAN MANAGEMENT SERVICES OF KEN	TUCKY, LLC	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	5
		<u></u>
B. If amending the registered agent and/or		
registered agent and/or the new registered office	e address here:	
•		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		्र [ः] ढ
New Registered Office Address.	Enter Florida street addres	13
	TO TO	. 24.
_		orida Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	·
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi- company has been notified in writing of this cha	gent and agree to act in this capacity. I fu and complete performance of my duties, ar red agent as provided for in Chapter 605, istered office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is

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>	Address	Type of Action
MGR	Casey B. DcLoach	3113 Lawton Road Suite 250	= Add
		Orlando, Florida 32803	□ Remove
			Change
MGR	Brett Kenefick	3113 Lawton Road Suite 250	🖹 Add
		Orlando, Florida 32803	□ Remove
			□ Change
President	Casey B. DeLoach	3113 Lawton Road Suite 250	
		Orlando, Florida 32803 f	S S S S S S S S S S S S S S S S S S S
		i	Change
Director	John Crabtree	3113 Lawton Road Suite 250	AG C
		Orlando, Florida 32803	Remove
			Change
VP	Brett Kenefick	3113 Lawton Road Suite 250	
		Orlando, Florida 32803	■ Remove
			Change
	Brett Kenefick		D Add
			Remove
			Change

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Effective	date, if other th	an the date of	filing:				(optio	nal)		
f an effecti	ve date is listed, the date inserted in	late must be specif	ic and can	not be prior	to date of fili:	ng or more than	90 days after f	lling.) Pursu		
	's effective date or					y ming requir	ements, uns	aate wiii iie	or oc ma	ica as
	d specifies a de Oth day after th			e, but no	t an effec	tive time, a	t 12:01 a.	m. on th	e earli	ier o
Dated	May:	9 6		2016						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00