# L10000050481

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| (Only dialo, Liph Hollo #)              |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



100259797321

05/05/14--01015--010 \*\*25.00

16 HAY -5 PH 4: 54

MAY 13 2014 J. HARRIS

## **COVER LETTER**

| TO:  | TO: Registration Section Division of Corporations |  |   |  |  |
|--|---|--|---|--|--|
| VaxCare New Jersey, LLC  |   |  |   |  |  |
| Name of Limited Liability Company                                  |   |  |   |  |  |
| The en   | closed Articles of Ar                             | nendment and fee(s) are sub                  | mitted for filing.  |  |  |
| Please   | return all correspond                             | ence concerning this matter                  | to the following:   |  |  |
| Jordan A. DeLoach  |   |  |   |  |  |
| Name of Person   |   |  |   |  |  |
| DeLoach, P.L.  |   |  |   |  |  |
| Firm/Company   |   |  |   |  |  |
|  | 1206 East Ridgewood Street                        |  |   |  |  |
| Address  |   |  |   |  |  |
|  | Orlando, Florida 32803                            |  |   |  |  |
| City/State and Zip Code  |   |  |   |  |  |
| E-mail address: (to be used for future annual report notification) |   |  |   |  |  |
| For fur  | her information con-                              | cerning this matter, please ca               | all:  |  |  |
| Jordan A. DeLoach 470-5005   |   |  |   |  |  |
| Name of Person Area Code Daytime Telephone Number                  |   |  |   |  |  |
| Enclose  | ed is a check for the                             | following amount:                            |   |  |  |
| <b>国</b> \$25  | 5.00 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
Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF VAXCARE NEW JERSEY, LLC

The Articles of Organization for this Limited Liability Company were filed on May 10, 2010 and assigned Florida document number L10000050481.

This amendment is submitted to amend the following:

The name of the limited liability company is Physician Management Services of New Jersey, LLC.

Dated April 24, 2014

Brett Kenefick, as Madager of VaxCare New

Jersey, LLC

14 MAY -5 PH 4: 54