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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
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(Do	ocument Number)	1
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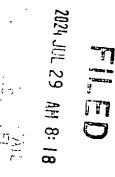
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7/29/24



COVER LETTER

TO:	Registration Se Division of Cor					
CHILLE	<i>ርግ</i> ሮ.	PrimeHealt	h Physicians, LLC			
SUBJE	C1:	Name of Lin	nited Liability Company			
The enc	losed Articles of	Amendment and feets) are sub	omitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
			Lisa Dıaz			202 ⁴
			Name of Person			عال ا
			PrimeHealth Physicians, LEC		·	. 29
			Firm Company		- ; ;	垩
14680 SW 8th Street Suite 205						2024 JUL 29 AH 8: 18
			Address			· 00
			Miami, FL 33184			
			City/State and Zip Code			
			diaz@phpmds.com			
For first	her information e	n-man address: to	to be used for future annual report no	uncation)		
127 1411		Diaz	305 549-8937			
Name of Person		at ()	me Telephone Number			
Enclose	d 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 tadditional copy is enclosed)	□ \$60.00 Fi Certifica Certified (additional	te of Stat Copy	ius &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 8	10		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PrimeHealth Physi	cians, LLC				
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appeared Liability Company)	ars on our r	ecords.)		
The Articles of Organization for this Limited Liability Compa Florida document number LH1000084695	my were filed on _	07/22/20	01	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	iability company h	iere:			
N/A					
The new name must be distinguishable and contain the words "Limited Li	iability Company," the	designation	"L.L.C" or the a	bbrevia L.	L.C.
Enter new principal offices address, if applicable:			:	. 4	7
			-	- 2	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			<u> </u>	127
				· <u> </u>	11
				. ø	•
Enter new mailing address, if applicable:				5	
(Mailing address MAY BE A POST OFFICE BOX)					
				•	
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ce address on our Martin J Santiag		nter the nan	ne of the nev	v register
New Registered Office Address:	14680 SW 8tl	h Street	Suite 205		
New Registered Office Address.	Enter Florida street address				
	Miami		Florido	33184	
	City		Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Age	nt:				
I hereby accept the appointment as registered agent and a		capacity	I further ac	rree to com	de with i
provisions of all statutes relative to the proper and compl	ete performance o	f mv dutie	s, and Lam	, ee to comp familiar wit	h 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. 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

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
			□Add
			□Remove
			PAdd Topemove Topemove Topemove Topemove Topemove Topemove Topemove
			I I I I I I I I I I I I I I I I I I I
			Thinge Co
			2
			□ Remove
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		. 	□Remove
			□Change

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ated May 16th 2024		clayed effective date, but	not an effective tir	me, at 12:01 a,m. o	n the earlier of: (b) The 90th day at	fter the
	ated	Yang 16-75	2024	<u> </u>			
Signature of a member or authorized representative of a member		Signature	Ta member or autho	rized representative	of a member		
Martin J Santiago, MD			Martin J Santiago	. MD			