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COVER LETTER

TO:

Registration Section
Division of Corporations

MAILING ADDRESS:

Registration Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: RICHARD A BECK MD LLC				
	Name of Limite	ed Liability Company		
The enclosed Articles of A	mendment and fee(s) are subm	uitted for filing.		
Please return all correspon	dence concerning this matter to	the following:		
	Richard.	A Beck, MD		
	Richard 1	A BLCK MD	LLC_	
	3627 Univ	versity Blvd 5,	Ste 210	
Jacksonville, FL 32216 City/State and Zip Code				
Pamedaugh a gmail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Peggy Me	Edaugh, EA	at 904 399 -	-5311 lephone Number	
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Richard A Beck	MO LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000115989</u>	were filed on 10 10 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabit RBeck MD PASSOCIO. The new name must be distinguishable and end with the words "Limited Liabitation".	HES LLC ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(Same as before)
(Principal office address MUST BE A STREET ADDRESS)	TAS TA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(Same as before) 19 14 9:54
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: Peage	Medaugh EA
New Registered Office Address: Old 1 L	Enter Florida street address 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, I hereby confirm that the limited liability company has been notified in writing of this change.

t Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			☐ Remove
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			☐ Remove

D. If amending any other information, enter change(s) here: (Attack	n additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date an the date this document is filed by the Florida Department of State) Dated April 28, 2014.	(optional) d cannot be more than 90 days after
Signlature of a member or authorized representation of a Typed or printed frame of	(/)
	14 APR 29 SECRETARY TALLAHASSE

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Filing Fee: \$25.00

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