

L12 00000 73 07

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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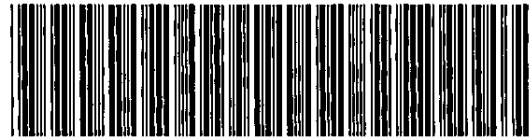
(Business Entity Name)

(Document Number)

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**FLICK LAW GROUP, P.L.  
ESTATES, TRUSTS & BUSINESS PLANNING**

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\* BOARD CERTIFIED IN WILLS, TRUSTS  
& ESTATES

+ CHARTERED LIFE UNDERWRITER

° CHARTERED FINANCIAL CONSULTANT

September 3, 2012

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
850-245-6050

Re: Suntree Internal Medicine, LLC

Gentlemen:

Enclosed are the original and one copy of the Articles of Amendment to the Articles of Incorporation for the above referenced corporation.

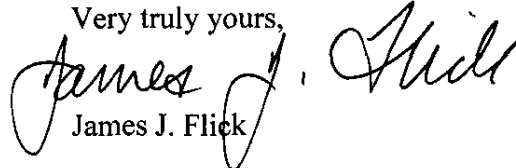
Please file the original, indicate the filing date on the copy, and return the copy to:

Flick Law Group, P.L.  
3700 South Conway Road, Suite 100  
Orlando, Florida 32812  
407-273-1045

Also, enclosed is a check in the amount of \$25.00 for payment of the filing fee for Articles of Amendment.

Thank you for your cooperation.

Very truly yours,

  
James J. Flick

Enclosures

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Suntree Internal Medicine, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 1/13/2012 and assigned  
Florida document number L12000007307.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Abe Hardoon	903 Jordan Blass Drive Suite 102 Melbourne, FL 32940	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated

9/3, 2012

James J. Flick  
Signature of a member or authorized representative of a member  
James J. Flick  
Typed or printed name of signee