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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: veriMED I	Health Group, LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Haksoo Stephen Lee, Esq.		
		Name of Person	
	taa 9 taagaa DIIC	<b>、</b>	
	Lee & Lazzara, PLLC	Flmn/Company	
	3804 W. North B Street		
		Address	
	T Elected 22600		
	Tampa, Florida 33609	City/State and Zip Code	·
	HLee@LeeLazzara.com	·	
	E-mail address: (i	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Haksoo Stephen Lee, Es	q	at ( <u>813</u> ) <u>606-4533</u>	
	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 (additional copy is unclosed)

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

VeriMED Health Group, LLC		
(A Florida	y Company as it now appears on our records.) Limited Linbility Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on March 29, 2012	and assigned
Florida document number 1.12000044120	<del></del> '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
veriMED Health Group North Tampa, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	14 <b>63</b>
		=======================================
	·	
Enter new mailing address, if applicable:		
Malling address MAY BE A POST OFFICE BOX)	<del></del>	
	**************************************	<u> </u>
3. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ter the name of the new
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 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 = N AMBR = N	Manager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
		<b>A.</b>	Add
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Signature of authorized representative of a member	ne re The	s soon day after the record is filed.	
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Filing Fee: \$25.00