

L12000051807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

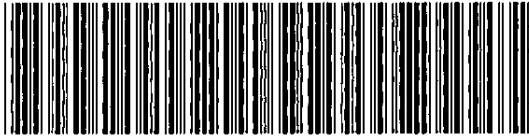
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100297557081

04/05/17--01001--001 **25.00

FILED
2017 APR -4 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
2017 APR -4 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
APR -5 2017

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 4/4/17

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING Amendment

1. HEALTHSTONE MEDICAL GROUP, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2017 APR -4 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HEALTHSTONE MEDICAL GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/16/2012 and assigned
Florida document number L12000051807

This amendment is submitted to amend the following:

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

HEALTHY PARTNERS COMPLETE CARE, LLC

The new name must be distinguishable and contain 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: MARC H. AUERBACH, ESQ.

New Registered Office Address: 200 S BISCAYNE BLVD., SUITE 3000

Enter Florida street address

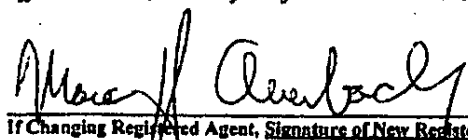
MIAMI, Florida 33131

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 = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|--------------------|--|
| MGR | ROBERT CAMERLINCK | 3241 EXECUTIVE WAY | <input checked="" type="checkbox"/> Add |
| | | MIRAMAR, FL 33025 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | RACHELLY MARTINEZ | 3241 EXECUTIVE WAY | <input type="checkbox"/> Add |
| | | MIRAMAR, FL 33025 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

2011 APR -4 AM 7:36
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

2017 APR -4 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 4/3, 2017



Signature of a member or authorized representative of a member

ROBERT CAMERLINCK, MANAGER

Typed or printed name of signer

FILED
2017 APR -4 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACTION BY THE MANAGERS AND MEMBERS

OF

HEALTHSTONE MEDICAL GROUP, LLC

The undersigned, being all of the members and managers of **HealthStone Medical Group, LLC**, a Florida limited liability company (the "Company"), by consent in writing, pursuant to the applicable provisions of the Florida Limited Liability Company Act ("Act"), without the formality of convening a meeting, do hereby consent to the following actions of the Company:

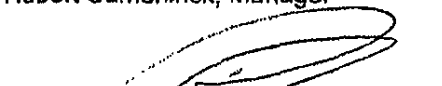
RESOLVED, that the members and managers of the Company hereby authorize the execution of an Amendment to the Articles of Organization to change the Company's name from HealthStone Medical Group, LLC into Healthy Partners Complete Care, LLC;

FURTHER RESOLVED, that the members and managers of the Company hereby accept Rachelly Martinez' resignation as manager of the Company and appoint Robert Camerlinck as manager;

FURTHER RESOLVED, that the proper members and managers of the Company, be and hereby are, authorized, empowered and directed to do all such acts and things and to execute, acknowledge and deliver all such documents as may, in their discretion, be deemed necessary or desirable to carry out and comply with the terms and provisions of these resolutions, and all acts and doings of the members and managers of the Company which are in conformity with the intent and purpose of this action whether heretofore or hereafter taken or done shall be and the same are hereby in all respects ratified, confirmed and approved as acts of the Company.

DATED: April 3, 2017


Robert Camerlinck, Manager


Brian Pofner, M.D., Member