

L12000070259

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2013 FEB -6 AM 8:20

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J. SAULSBERRY
EXAMINER
FEB 7 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Boynton Physicians Group, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard J. Lucibella

Name of Person

Boynton Physicians Group

Firm/Company

2240 Woolbright Rd Ste 317

Address

Boynton Beach, FL 33426

City/State and Zip Code

rich@lucibella.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard J. Lucibella

Name of Person

at (561) 200-0047

Area Code & Daytime Telephone 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

STATE OF FLORIDA
TALLAHASSEE

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

Boynton Physicians 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 May 24, 2012 and assigned
Florida document number L12000070259.

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:

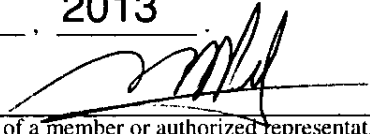
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Francisco Perez Mesa, M.D.	2240 Woolbright Rd	<input type="checkbox"/> Add
		Suite 317	<input checked="" type="checkbox"/> Remove
		Boynton Beach, FL 33426	
MGRM	Paladin, Inc	2240 Woolbright Rd	<input checked="" type="checkbox"/> Add
		Suite 317	<input type="checkbox"/> Remove
		Boynton Beach, FL 33426	
MGRM	VAINA, LLC	2240 Woolbright Rd	<input checked="" type="checkbox"/> Add
		Suite 317	<input type="checkbox"/> Remove
		Boynton Beach, FL 33426	
MGRM	Girasol, LLC	2240 Woolbright Rd	<input checked="" type="checkbox"/> Add
		Suite 317	<input type="checkbox"/> Remove
		Boynton Beach, FL 33426	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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JANUARY 25, 2019
TALLAHASSEE, FLORIDA

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

Dated 2 February, 2013



Signature of a member or authorized representative of a member

Francisco Perez Mesa, M.D.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA