

L12000074568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

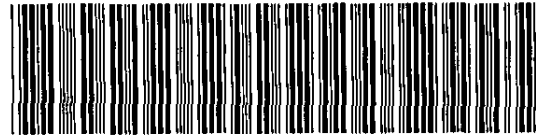
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300237807833

RECEIVED
DEPARTMENT OF STATE
12 AUG 22 PM 1:58

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 AUG 22 AM 10:11

B. BOSTICK

AUG 23 2012

EXAMINED



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 321408 4361720

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 22, 2012

ORDER TIME : 11:45 AM

ORDER NO. : 321408-005

CUSTOMER NO: 4361720

DOMESTIC AMENDMENT FILING

NAME: ACCOUNTABLE CARE COALITION OF
NORTH CENTRAL FLORIDA-NORTH,
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER'S INITIALS: _____

FILED
12 AUG 22 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Accountable Care Coalition of North Central Florida - North, 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 June 4, 2012 and assigned
Florida document number L12000074568

This amendment is submitted to amend the following:

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

Accountable Care Coalition of North Central Florida, LLC

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)

FILED
12 AUG 22 AM 10:12
TALLAHASSEE, FLORIDA

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>
			<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.)*

Dated August 22, 2012

Paul D. Jernigan, Esq.

Signature of a member or authorized representative of a member

Paul D. Jernigan, Esq. / General Counsel & Secretary

Typed or printed name of signee

RECEIVED
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

12 AUG 22 AM 10:12

FILED