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Amend

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COVER LETTER

TO:

TO: Registration Division of C			
	rst Medical Group, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Tracy G. Cummings		
		Name of Person	
	Health First, Inc.		
		Firm/Company	
	3300 Fiske Boulevard, Bld	lg. B	
		Address	
	Rockledge, FL 32955		
	tracy.cummings@hf.org	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information	n concerning this matter, please ca	all:	
Tracy G. Cummings		321 434-6646 at ()	
Nam	e of Person		ne Telephone Number
Enclosed is a check fo	r 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Health First Medical Group, LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 12/20/2012	and assigned
Florida document number L12000159382	 ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)	
		2020
		語五
Enter new mailing address, if applicable:		20 -
(Mailing address MAY BE A POST OFFICE BOX)		
Transfer wastered to the transfer of the trans		= -
B. If amending the registered agent and/or register agent and/or the new registered office address here	_	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Florido
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	l complete performance of my duti agent as provided for in Chapter cred office address, I hereby confi	es, and I am familiar with and 605, F.S. Or, if this document is

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>	Type of Action
MGR	Joseph G. Felkner	6450 US Highway I	
		Rockledge, FL 32955	■Remove
			□Change
MGR Mich	Michael A. Scialdone	6450 US Highway 1	= Add
		Rockledge, FL 32955	□Remove
			Change
			□Add
			□Remove
			□Add
			Remove
			□Change
			□Add
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If an effe Note:	ve date, if other than the date of filing:
e 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 ed.
Dated_	3/18/2020
	Signature of a member or authorized representative of a member