L13000023512

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
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(Do	cument Number)	
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COVER LETTER

Registration Section

TO:

Division of Cor	porations				
SUBJECT:	ر- GL Med	lical Group, LLC			
Sobstite 1.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	amittad for filing			
		-			
Please return all correspo	ondence concerning this matter	to the following:			
		Lisa Sosa			
		Name of Person			
		PrimeHealth Physicians, LLC			
		Firm/Company			
	1.	4680 SW 8th Street Suite 211			
		Address			
		Miami, Florida 33184			
		City/State and Zip Code	<u> </u>		
		Lsosa@phpmds.com			
	É-mail address; (to be used for future annual report n	otification)		
For further information c	oncerning this matter, please c	all:			
Lisa Sosa			19-8937		
Name of Person		at () Area Code Dayt	ime Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mallian Calanna		0			
Mailing Addres Registration S		Street Address: Registration S	Section		
Division of C		Division of Corporations			
P.O. Box 632	7	The Centre of Tallahassee			
Tallahassee, F	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GL Medical Group, LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	s as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v	vere filed on 02/13/2013	and assi	gned
Florida document number L13000023512			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
GL Medical Group of PrimeHealth, LLC			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or th	e abbreviation "L.l	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Trincipui office uturess 31031 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 a	desce on our resource enter the n	uma af tha nau	· envietae
b. It amending the registered agent and/or registered office adaptive acagent and/or the new registered office address here:	idress on our records, <u>enter the n</u>		r <u>register</u>
		121	
		7021 11:14	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address	13.	-
	. Florida	, ω	
	City	Zio 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 amen:ling 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	PrimeHealth Physicians, LLC	14680 SW 8th Street	≣ Add
		Suite 211	
		Miami, Florida 33184	
			□Add
			□Remove
			□Change
			□Add
		•	□Remove
			□Remove
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<u>Note:</u> If the	te, if other than that the date date inserted in this freetive date on the	s block does n	of meet the app	nor to date of filing dicable statutory	or more than 90 day filing requiremen	(optional) s after filing.) Pursuar s, this date will not	nt to 605,0207 (2 be listed as th
					.m. on the earlier	of: (b) The 90th d	ay after the
Dated April :	26		2021	·			
			a a	<i></i>	ative of a member		
		Signature c	f a member or al	thorized represent	ative of a member		 .

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