

L13000043502

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Health Professional Management 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:

Pablo Silverio
Name of Person

Health Professional Management Group, LLC.
Firm/Company

5590 W. 20 Avenue, Suite 100
Address

Healeah, FL 33016
City/State and Zip Code

psilben@hppcorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Silverio at (305) 227-2383
Name of Person 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

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

Health Professional Management 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 March 22, 2013 and assigned Florida document number L13000043502

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)

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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	Alberto G. Del Valle	5590 W. 20 AVE	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Healeah, FI 33014	
MGRM	Paul Silverio	5590 W. 20 AVE	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Healeah, FI 33014	
MGRM	Alejandro Fernandez	5590 W. 20 AVE	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Healeah, FI 33014.	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

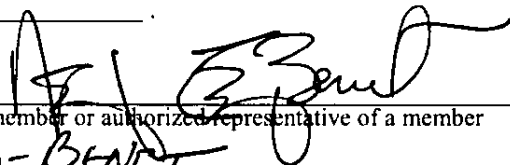
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

① Pablo Silverio - correct his last
name to be as
written here.

② Suite 100 - Add suite number
to Address.

Dated _____,


Signature of a member or authorized representative of a member
PAUL G. SILVERIO-BENET
Typed or printed name of signee

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Filing Fee: \$25.00

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