L13000068140

(Re	questor's Name)	,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
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COVER LETTER

TO: Registration Section
Division of Corporations

ECT: Direct Contracting Group FL, 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:

Jason Krucker

Name of Person

Direct Contracting Group FL, LLC

Firm/Company

11562 Woodmount Ln

Address

Estero, FL 33928

City/State and Zip Code

jason@directcontractingfl.com

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

For further information concerning this matter, please call:

Jason Krucker

_{...}239 **821-8219**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Direct Contracting Group FL LLC

(Name of the Limited Liabili (A Florida	ty Company as it now appears on our recon Limited Liability Company)	<u>ords.</u>)
The Articles of Organization for this Limited Liability Florida document number L1300068140	Company were filed on 5/9/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we'L.L.C."	ords "Limited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		70-70
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		The second secon
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	, Flo	
	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>	Address	Type of Action
MGRM	John Ruggiero	9981 Kentucky St	Add
		Bonita Springs, FL 34135	Remove
			<u> </u>
			Add
			Remove
			Add
			Remove
			Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
			Remove
			Add
			Remove
			Remove
			_

ohn Ruggiero a 10% owner
2013
re of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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