

L130000072300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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(Business Entity Name)

(Document Number)

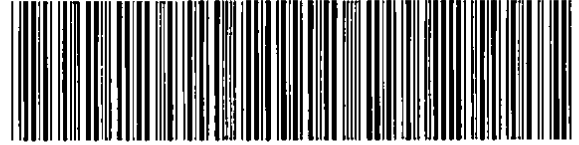
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SECRETARY OF STATE
TALLAHASSEE, FL

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 05/06/2022

Acc#120160000072

en: c 15/11

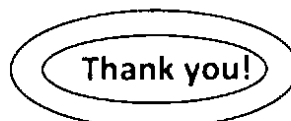
Name:	Health Point ACO , LLC
Document #:	
Order #:	14301259 - 29

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ 55.00



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

FILED

2027 MAY -6 AM 9: 01:

Health Point ACO, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/17/2013 and assigned Florida document number 1.13000072300.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3030 N. ROCKY POINT DR.

(Principal office address MUST BE A STREET ADDRESS)

SUITE 825

TAMPA, FL 33607

Enter new mailing address, if applicable:

3030 N. ROCKY POINT DR.

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 825

TAMPA, FL 33607

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:

C T CORPORATION SYSTEM

New Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

Enter Florida street address

PLANTATION

City

Florida 33324

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 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.

/s/ Olga Hinkel, VP

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>	<u>Type of Action</u>
MGR	Prakash Patel	3030 N. ROCKY POINT DR.	<input checked="" type="checkbox"/> Add
		Suite 825	<input type="checkbox"/> Remove
		Tampa, FL 33607	<input type="checkbox"/> Change
AR	MORAN, JOHN A ESQ	22 S. LINKS AVE STE 300	<input type="checkbox"/> Add
		DUNLAP & MORAN	<input checked="" type="checkbox"/> Remove
		SARASOTA FL 34236	<input type="checkbox"/> Change
MGR	John DiGiovanni	3030 N. ROCKY POINT DR.	<input checked="" type="checkbox"/> Add
		Suite 825	<input type="checkbox"/> Remove
		Tampa, FL 33607	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the 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 record is filed.

Typed or printed name of signee

Filing Fee: \$25.00