

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : VITALMD GROUP HOLDING
Account Number : I20090000005
Phone : (305) 273-4641
Fax Number : (305) 273-0405

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: morourke@femwell.com

RECEIVED

13 JUL 18 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDALLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DUNCAN GARCIA MEDICAL & WELLNESS CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

JUL 19 2013

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Duncan Garcia Medical & Wellness Center, 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:

Melissa O'Rourke
Name of Person

VitalMD Group Holding, LLC
Firm/Company

3225 Aviation Avenue, suite 700
Address

Miami, FL 33133
City/State and Zip Code

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

FILED
13 JUL 18 PM 2:20

For further information concerning this matter, please call:

Melissa O'Rourke at 305 273 4641 x 9-108
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

Duncan Garcia Medical & Wellness Center, 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 6/17/13 and assigned
Florida document number L13000086821

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Duncan Garcia Unique Care, LLC

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)

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

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated _____

Glenn L. Salkind, M.D.

Signature of a member or authorized representative of a member

Glenn L. Salkind MD, president

Typed or printed name of signer

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Filing Fee: \$25.00

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ALBANY, NY 12242

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