#1 13000119490

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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K.SALY EXAMINER OCT 11 2013



JUR SEKVICE CUMPANY
ACCOUNT NO. : I2000000195
REFERENCE : 831911 7509084
AUTHORIZATION: Cypellolle 130.
COST LIMIT : \$ 25.00
ORDER DATE : October 2, 2013
ORDER TIME : 4:17 PM
ORDER NO. : 831911-015
CUSTOMER NO: 7509084
NAME: REDNER EMERGENCY PHYSICIANS, LLC EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 52956
EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2013

RESUBMIT

Please give original submission date as file date.

CSC SUSIE KNIGHT

SUBJECT: REDNER EMERGENCY PHYSICIANS, LLC

Ref. Number: L13000119490

We have received your document for REDNER EMERGENCY PHYSICIANS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We do not have a "FLORIDA EM-II, INC." listed a MGR for this entity. We do have "FLORIDA HEALTH SERVICES PA F/A/A FL EM-II" listed as a MGRM. Is this the entity you wish to be removed? If so please correct document to reflect the entity you wish to remove.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 413A00023348

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



Redner Emergency Physicians, 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 Liab	ility Company were filed on August 22	2, 2013 and assigned
Florida document number L13000119490	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
n/a		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le: n/a	
(Principal office address MUST BE A STREET.	ABBDECC)	
		17-31. MRS 4
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	2 <u>X</u> 2	
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new
Name of New Registered Agent:	N/A	******
New Registered Office Address:		4-4
	Enter Flo	orida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Dec	istared Agents	

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>	Name	<u>Address</u>	Type of Action
MGRM	Florida Health Services, P.A.	6200 S. Syracuse Way, Ste. 200	Add
		Greenwood Village, Co 80111	Remove
			Add
			Remove
			Add
			Remove
			_
			Add
			Remove
			Add
			Remove
			_
			Add
			Remove

If amending any other info This LEC is a single m	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
	ember LLO
October 1	<u>, 2013</u>
Jet see	Signature of a member or authorized representative of a member
Steve W. Ratton, J	tr.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00