Division of Corporations



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Division of Corporations

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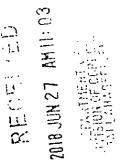
Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAREFIRST IPA, L.L.C.



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CARBFIRST IPA, L.L.C.	
(Name of the Limited)	Liability Company as it now appears on our records.)  A Florida Lumited Liability Company)
The Articles of Organization for this Limited Liab	bility Company were filed on 8/26/2013 and assigned
Florida document number L13000120520	
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, enter the name of the name address here:
registered agent with our tile new registered blin	
Name of New Registered Agent:	
· — · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:	Enter Florida street address Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and uddress of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SEEMA S. KHANNA	11049 Bridge House Rd	Add
		Windermere, FL 34786	- Remove
			Change
MGR	DINESH KHANNA	11049 Bridge House Rd	<b>=</b> Add
		Windermore, FL 34786	□ Remove
			☐ Change
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fective date, if other than n effective date is listed, the date	the date of fili	ng:			(optional)	- 4044
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record specifies a dela	yed effective	date, but n	ot an effectiv	ve time, at 12	:01 a.m, o	n the earlier
The 90th day after the	record is filed	j.				
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K	Signature of	u member or lust	Orizer renmannt	ative of a member		

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