

L1300013664-2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 05 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNF Professional Physicians of Florida, 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:

Pamela Rea Glover
Name of Person

SNF Professional Physicians of Florida LLC
Firm/Company

1101 Mike Destiny Drive Ste. 300
Address

Maitland, Florida 32751
City/State and Zip Code

Pam. Glover@snf Pro. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Glover at (863) 412-5962
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

**TO
ARTICLES OF ORGANIZATION
OF**

(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 9/27/2013 and assigned
Florida document number L13000136642

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:

(Principal office address MUST BE A STREET ADDRESS)

1101 North Lake Destiny Dr.
Suite 300
Maitland, Florida 32751

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

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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.

If Changing Registered Agent, Signature of New Registered Agent

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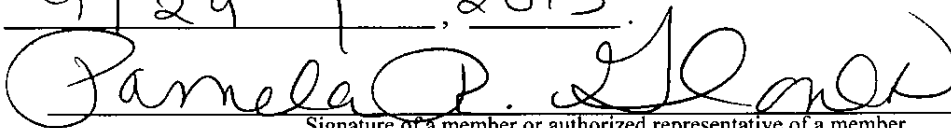
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 9/29/2015



Signature of a member or authorized representative of a member

Pamela R. Clower

Typed or printed name of signee

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
<u>mGR</u>	<u>LARRY JONES</u>	<u>1101 N. Lake Destiny Dr.</u> <u>suite 300</u> <u>maitland, Fl. 32751</u>	☒ Add ☐ Remove ☐ Change
<u>AMBR</u>	<u>LARRY JONES</u>	<u>1101 N. Lake Destiny Dr.</u> <u>suite 300</u> <u>maitland, Fl. 32751</u>	☒ Add ☐ Remove ☐ Change
<u>AMBR</u>	<u>BRYAN COLE</u>	<u>1101 N. Lake Destiny Dr.</u> <u>suite 300</u> <u>maitland, Fl. 32751</u>	☒ Add ☐ Remove ☐ Change
<u>AMBR</u>	<u>PAMELA GLOVER</u>	<u>1101 N. Lake Destiny Dr.</u> <u>suite 300</u> <u>maitland, Fl. 32751</u>	☒ Add ☐ Remove ☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change

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