

L13000149248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

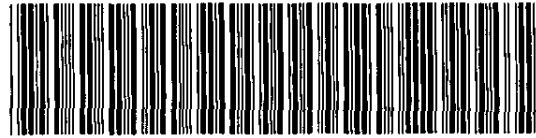
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
15 FEB 26 AM 10:45

2015 FEB 26 AM 10:07  
SECRETARY OF STATE  
FALL RIVER, MA 01904

FILED

N. Gulligan FEB 27 2015

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 516013 7509084

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : February 25, 2015

ORDER TIME : 10:18 AM

ORDER NO. : 516013-010

CUSTOMER NO: 7509084

DOMESTIC AMENDMENT FILING

NAME: CYPRESS PARKWAY EMERGENCY  
PHYSICIANS, LLC

EFFECTIVE DATE: 25.00

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: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cypress Parkway Emergency Physicians, 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:

Daniel McGavisk

Name of Person

Corporation Service Company

Firm/Company

2711 Centerville Road

Address

Wilmington, DE 19808

City/State and Zip Code

dmcgavis@cscinfo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel McGavisk

at ( 302 )

636-5400 ext. 62807

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2015 FEB 26 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Cypress Parkway 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 Liability Company were filed on 10/21/2013 and assigned  
Florida document number L13000149248.

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

Enter new principal offices address, if applicable:

6200 S. Syracuse Way

(Principal office address MUST BE A STREET ADDRESS)

Suite 200

Greenwood Village, Colorado 80111

Enter new mailing address, if applicable:

6200 S. Syracuse Way

(Mailing address MAY BE A POST OFFICE BOX)

Suite 200

Greenwood Village, Colorado 80111

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

City, Florida

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.*

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	GES Account Management, Inc.	6200 S. Syracuse Way	<input type="checkbox"/> Add
		Suite 5200	<input checked="" type="checkbox"/> Remove
		Greenwood Village, CO 80111	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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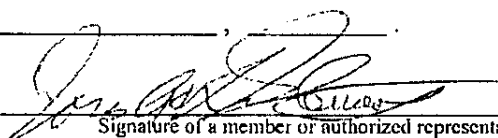
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

 2/23/15

Signature of a member or authorized representative of a member

J.H. Gatewood Emergency Services, P.A., Joseph H. Gatewood, M.D. President

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2015 FEB 26 AM 10:08  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA