Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000219983 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 : (941)748-0100 Phone

: (941)745-2093 Fax Number

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

ap@mbmedicalgroup.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA FAMILY PRIMARY CARE CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JUN 0 4 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit: (((H21000219983 3)))

DocuSign Envelope ID: 8AE98731-E208-4F96-8F49-87F7495D3BCA
ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing	Donfetared Agents			
		City	Zip Cod	'e
	Miami		, Florida 33172	
New Registered Office Address:	1400 NW 107tl	1400 NW 107th Avenue, Suite 500 Enter Florida street address		
Name of New Registered Agent:	MB Medical Operations, LLC			
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our r	ecords, <u>enter the name of the n</u>	ew registered
training many as many as a second sec				
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida	33172	
Enter new mailing address, if applicable:		1400 NW 107th	n Avenue, Suite 500	
(Principal office address MUST BE A STRE	<u>ET ADDRBSS)</u>			
Enter new principal offices address, if appl			· · · · · · · · · · · · · · · · · · ·	- 1 6
The new name must be distinguishable and contain the	words "Limited Liabl	ility Company," the o	designation "LLC" or the abbreviation '	TALLAHASSEE ELCON
			 -	TILED NIASSEE
A. If amending name, enter the new name	of the limited lish	oility company h	ere:	TO E
This amendment is submitted to amend the fo	Howing:			
Plorida document number L13000175711	·			TAL TAL
The Articles of Organization for this Limited	Liability Company	were filed on $\frac{12}{2}$	2/20/2013 and a	assigned
(LANDES OF THE THE	nited Liability Comp (A Florida Linvied	Liability Company)	rs on our recorus.)	
Florida Pamily Primary Care Cer	•			-

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.

> DoouSigned by: Xavier Marcon If Changing Registered Agent, Signature of New Registered Agent

Fax Audit: (((H21000219983 3)))

Docusign Envelope iD: 8AE98731-E208-4F98-8F49-87F7495D3BCA
II amenoing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Octavio A. Bravo	P.O. Box 13188	□Add
		Tampa, Florida 33681	■Ramoye
CEO	Effain Duarte	1400 NRV 1671 A	🗆 Change
	The state of the s	1400 NW 107th Avenue, Suite 500	——— ⊟Add
		Miami, Florida 33172	OREMOVE 2021 JUN
CFO Xav	Xavier Alarcon	1400 NW 107th Avenue, Suite 500	UN -3
		Miami, Florida 33172	E P P P P P P P P P P P P P P P P P P P
			Change Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			DAdd
			DRémove
			□ Change

Fax Audit: (((H21000219983 3)))

DocuSign Envelope IO: 8AE98731-E208-4F98-8F49-87F7495D3BCA Fax Audit: (((H21000219983 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 fisted 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_ DocuSigned by: Xavier Clarcon - rousementally mature of a member or authorized representative of a member

Typed or printed name of signee

Xavier Alarcon