

JUN/02/2021 WED 09:30 PM

P. 001/004

6/2/2021

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941)748-0100
Fax Number : (941)745-2093

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

Email Address: ap@mbmedicalgroup.com

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

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JUN 04 2021

A. LUNT

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Florida Family Primary Care Center, 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 12/20/2013 and assigned
Florida document number L13000175711

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)1400 NW 107th Avenue, Suite 500Miami, Florida 33172**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:MB Medical Operations, LLCNew Registered Office Address:1400 NW 107th Avenue, Suite 500Enter Florida street addressMiamiCityFlorida 33172Zip 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.

DocuSigned by:

Xavier Maron

2040380118ACAE0

If Changing Registered Agent, Signature of New Registered Agent

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If adding Authorized Person(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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Octavio A. Bravo	P.O. Box 13188	<input type="checkbox"/> Add
		Tampa, Florida 33681	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CBO	Efrain Duarte	1400 NW 107th Avenue, Suite 500	<input checked="" type="checkbox"/> Add
		Miami, Florida 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Xavier Alarcon	1400 NW 107th Avenue, Suite 500	<input checked="" type="checkbox"/> Add
		Miami, Florida 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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