

4300075711

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.

((H24000340188 3)))



H240003401883ABC

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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

FILED
2024 OCT -9 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2024 OCT -9 PM 3:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H24000340188

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 December 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)

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 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

H24000340188

If amending 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

H24000340188

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P, CEO	Paul McBride	7500 S.W. 8th Street, Ste. 400	<input type="checkbox"/> Add
		Miami, FL 33144	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
COO	Douglas Johnson	7500 S.W. 8th Street, Ste. 400	<input checked="" type="checkbox"/> Add
		Miami, FL 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CTO	Eric Santiago	7500 S.W. 8th Street, Ste. 400	<input checked="" type="checkbox"/> Add
		Miami, FL 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CRO	Nicolas K. Campbell	7500 S.W. 8th Street, Ste. 400	<input checked="" type="checkbox"/> Add
		Miami, FL 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H24000340188

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

Article IV is hereby deleted in its entirety and replaced as follows:

"ARTICLE IV - Management

The Company is to be member-managed."

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 October 9, 2024.

/s/ Paul McBride

Signature of a member or authorized representative of a member

Paul McBride

Typed or printed name of signee

Filing Fee: \$25.00