

JUN/02/2021/WB 09:27 PM

FAX NO.

P. NO.

6/2/2021

L13000175762

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

From:

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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.****
ap@mbmedicalgroup.com

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA FAMILY PRIMARY CARE CENTERS OF TAMPA, LLC

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

JUN 04 2021

A. LUNT

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

Florida Family Primary Care Centers of Tampa, 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 L13000175762.

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 500

Miami, 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, LLC

New Registered Office Address:

1400 NW 107th Avenue, Suite 500

Enter Florida street address

Miami

Florida 33172

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.

DocuSigned by

Xavier Alarcon

2D10389442A04C0

If Changing Registered Agent, Signature of New Registered Agent

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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

| <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 |
| MBR | Florida Family Primary Care Center, LLC | P.O. Box 13188 | <input type="checkbox"/> Add |
| | | Tampa, Florida 33681 | <input checked="" 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 checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| CEO | Efrain Duarte | 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 |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECURITY of STATE
TALLAHASSEE, FLORIDA

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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 June 2, 2021

- Docx Stored by:

Xavier Alarcón

2025年1月1日

Signature of a member or authorized representative of a member

Xavier Alarcon

Typed or printed name of signee

Filing Fee: \$25.00

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