

JUN/02/2021 WED 09:28 PM

FAX No.

P. 001/004

6/2/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H21000219993 3)))



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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 CENTERS OF ORLANDO, LLC**

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

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DocuSign Envelope ID: 8AE98731-E208-4F96-8F49-87F7496D3BCA

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

Florida Family Primary Care Centers of Orlando, 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 12/26/2013 and assigned  
Florida document number L14000000228.

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.*

Document signed by:

Xavier Maron

60463041040400

If Changing Registered Agent, Signature of New Registered Agent

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As 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>
MBR	Octavio A. Bravo	P.O. Box 13188	<input type="checkbox"/> Add
		Tampa, Florida 33681	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	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
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
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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALAHASSEE FLORIDA  
CLERK OF STATE

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

TALLAHASSEE, FLA.

SECRETARY 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

-DocuSigned by:

Xavier Alarcon

- 201032011 PAC4EO.

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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