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(((H24000340189 3)))



H240003401893ABC+

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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.

Ema11	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LORIDA FAMILY PRIMARY CARE CENTERS OF PINELLAS,

LLC

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UUT 10 2024

Leslie Sellers 8004323622

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000340189

•				
	Family Primary Ca			
Name of the Limited (A	Florida Limited Lia	bility Company)	s on our records.)	
The Articles of Organization for this Limited Liab	iility Company w	rere filed on De	ecember 26, 2013	and assigned
Florida document number L14000000535	······································			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabili	ty company he	re:	
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the d	esignation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or regis		dress on our r	ecords, <u>enter the </u>	name of the new registered
agent and/or the new registered office address b	<u>nere</u> :			
Name of New Registered Agent:				
		<u> </u>		
New Registered Office Address:		Enter Flor	ida street address	
	, Florida City Zip Code			
-		City	,,	Zip Code
New Registered Agent's Signature, if changing Reg	ristered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete pered agent as progressive agent as progressive agent as progressive according to the complete per	erformance of ovided for in C	my duties, and Le Chapter 605, F.S.	nm familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

H24000340189

Title	Name	Address	Type of Action
P, CEO	Paul McBride	7500 S.W. 8th Street, Stc. 400	≣ Add
		Miami, FL 33144	
			Change
COO	Douglas Johnson	7500 S.W. 8th Street, Stc. 400	≣Add
		Miami, Fl. 33144	□Remove
			Change
СТО	Eric Suntiago	7500 S.W. 8th Street, Stc. 400	<u></u> ≘ Add
		Miami, FL 33144	□Remove
			Change
CRO	Nicolas K. Campbell	7500 S.W. 8th Street, Stc. 400	= Add
		Miami, FL 33144	□Remove
			☐ Change
	Michael Sama	7500 S.W. 8th Street, Stc. 400	
		Miami, FL 33144	■ Remove
			□Change
			□ Add
			□Remove
			□ Change

"ARTICLE IV - Managemen				
The Company is to be member	т-managed."			
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e record specifies a delayed effective rd is filed.	date, but not an effective tim	ee, at 12:01 a.m. on t	he earlier of: (b) T	he 90th day after the
Dated October 9	2024	_ •		

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