L140000040394

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S. YOUNG

COVER LETTER

Division of Corporations GUIDEWELL EMERGENCY MEDICINE DOCTORS, INC. SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kathy Wells Name of Person GuideWell Inc. d/b/a Florida Blue Firm/Company 4800 Deerwood Campus Parkway Address Jacksonville, Florida 32246 City/State and Zip Code kathy.wells@bcbsfl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kathy Wells Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & ■ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed). (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUIDEWELL EMERGENCY MEDICINE DOCTORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Fiorida La	mice Diability Company)		
The Articles of Organization for this Limited Liability Com Florida document number <u>L14000040394</u> .	pany were filed on April 16	2019 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa		
Enter new principal offices address, if applicable:		F.:: 6	
(Principal office address MUST BE A STREET ADDRES	(S)	5	
		2:	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		三	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		records, enter the name of the ne	
New Registered Office Address:	Enter Florida str	vet address	
	City	Florida	
New Registered Agent's Signature, if changing Registered Agent's	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my d t as provided for in Chapt	uties, and I am familiar with and er 605, F.S. 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BOB WALL - CEO	4800 Deerwood Campus Parkway Jacksonville, FL 32246	Add
			Remove
			Change
MGR	BOB WALL - DIRECTOR	4800 Deerwood Campus Parkway Jacksonville, FL 32246	□ Add
			■ Remove
			Change
		- <u></u>	Ad d
			□ Remove
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		6/12/19			
Effective date, if other that the effective date is listed, the Mote: If the date inserted document's effective date	e date must be specifi in this block does	filing: ic and cannot be prior not meet the applic	able statutory filing	(optionate than 90 days after file transfer	ing.) Pursuant to 605.020
ne record specifies a The 90th day after	delayed effecti the record is fi	ve date, but no led.	et an effective ti	me, at 12:01 a.n	n. on the earlier
Dated		2019	- /·		
	An	11/10			
	Signature	of a member or abth	prized representative	of a member	
		- 11			

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Filing Fee: \$25.00