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## COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpo	rations			
SUBJECT: Primar	4 Health Care C Name of Lim	Centers and Associated Liability Company	ates LCC	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	Ernesta	Name of Person		
		Name of Person		
		Firm/Company		7. 8
	95 Merick	way Suite 700		SECRETARY SECRETARY
				1888 1988 1988 1988 1988 1988 1988 1988
		City/State and Zip Code		
	ernesto@ dad	City/State and Zip Code  Seme dical edu  to be used for tuture annual report notifi		COP STATE
For further information con	cerning this matter, please c	·	zanon)	Tipe
Ernesto A.	Perez	at ( 305 ) 644 - 1/ Area Code Daytime	17/	
Name of P	erson	Area Code Daytime	Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (addmonal cop	of Stams &
Registrati	G ADDRESS: on Section of Corporations	STREET/COURIE Registration Section Division of Corpora	;	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Primary Healthcare Centers and Associates (CC
(Name of the Limited Liability Company as it now appears on our records.)
(A Fiorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/8/14 and assigned Florida document number <u>L140000749</u>66 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "ELC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new malling 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: Emer Florida street address

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

	nager horized Member		
Title	Name	Address	Type of Action
MGRM	Braceras, William	5875 NW 163 12 Street	
		Miami Lakes FL 33014	Remove
MGRM	Cereceda, Mark	5875 NW 163d Street	□ Add
		Miani, Lakes, FL 37014	Remove W
MGRM	Braceras, Wilfredo	Miani Lakes, FL 37014  5875 NW 163 <sup>rd</sup> Street  Miani Lakes, FL 33014	☐ Add
			□ Add
			D Remove
		** · · · · · · · · · · · · · · · · · ·	🖸 Add
			□ Remove
			□ Add
			□ Remove

. If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<del></del>			
•			
ective defective	date, if other than the date of filing:  date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after a document is filed by the Florida Department of State)		
	November 17 2014		
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	November 17 2014	TANCKE CRE	N(時 H) 62
	November 17 2014  Superific of a member or authorized representative of a member	SECRETARY	81 AUR HIRZ
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Filing Fee: \$25.00