114000083143

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2017 AUG 18 PM 3: 41

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COVER LETTER

TO:	Registration Se Division of Cor			
211D 167	veriMED I	Health Group Bradenton, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Martin Revello		
			Name of Person	
		veriMED IPA, LLC		
			Firm/Company	
		26838 Tanic Drive		
			Address	· · · · · · · · · · · · · · · · · · ·
		Wesley Chapel, Ft. 33544		
			City/State and Zip Code	
		mrevello@verimedipa.com		
		E-mail address: (to be used for future annual report notifi	ication)
For furth	er information of	concerning this matter, please co	all:	
Chantell	e Mahadeo		813 991-4000	
	Name (f Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for t	he following amount:		
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

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veriMED Health Group Bradenton, LLC

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

5 1	y were filed on May 22, 2014	and assigned
Florida document number L14000083143		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility 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)		
The state of the s		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		enter the name of the new
registered agent and/or the new registered office address he	<u>·re</u> :	
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address City	
Name of New Registered Agent:	Enter Florida street address City	

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>	Address	Type of Action
AMBR	JADAK HOLDINGS, LLC	11038 LITTLE BLUE HERON DRIVE	■ Add
		RIVERVIEW, FL 33579	□ Remove
			☐ Change
AMBR	CHO VENTURE HOLDING, LLC	20112 BENDING CREEK PLACE	⊟ Add
		TAMPA, FL 33647	Remove
			Change
			□ Add
			TALL AND CHange
			Remove
			Change
			Adđ
			□ Remove
			Change
			Remove
			□ Chapue

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Signature of a member or sufficient representative of a member	e re	90th day after the record is filed.
Signature of a member or surnor representative of a member	e re	90th day after the record is filed.
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Filing Fee: \$25.00