L14000097350

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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16 OCT 17 PH 4: 34 DIVISION OF CORPORALIONS

O SIMMONS 0CT 1 7 2016



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JASON WATT		
		Name of Person	
	FAMILY FIRST PHYSIC	TAN SERVICES LLC	
		Firm/Company	
	4273 NE WATT DRIVE		
	-	Address	
	JENSEN BEACH, FLORI	DA 34957	
•		City/State and Zip Code	
	JASONWATTMD@GMA	IL.COM to be used for future annual report notifi	ication)
For further information	concerning this matter, please c		
JASON WATT		561 352-9174	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the 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

FAMILY FIRST PHYSICIAN SERVICES LLC		D1:	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) liability Company)	Sion	\neg
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000097350</u> .	were filed on	16 OCT 1 de PH 4: 34 OLVISION DE GASSIGNE PHI 4: 34	ILEU
This amendment is submitted to amend the following:		.: 2 4	
A. If amending name, enter the new name of the limited liabi	ility company here:	To the second se	
The new name must be distinguishable and contain the words "Limited Liabit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company." the designation "LLC" or the a	<u> </u>	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3601 NW FEDERAL HIGHWAY JENSEN BEACH, FLORIDA 34957		<u>-</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the	new
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida street address		_
	Florida	Zip Code	_
	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.

If Changing Registered Agent, Signature of New Registered Agent

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 Type of Action **Title** <u>Name</u> <u>Address</u> _□ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove _□ ∰ang**5** CORPER P 🛛 Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change

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JASON WATT	JASON WATT		

Page 3 of 3

Filing Fee: \$25.00