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(F	Requestor's Name)	
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SECRETARY OF STATE TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2014

JASON RANDOLPH 485 BRICKELL AVE #4304 MIAMI, FL 33131

SUBJECT: CAPTIVE GROUP HEALTH DPC LLC

Ref. Number: L14000108896

We have received your document for CAPTIVE GROUP HEALTH DPC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00025786

COVER LETTER

TO: Registr Division	ration Secon n of Corp	tion orations		
CA	APTIVE	GROUP HEALTH DP	C LLC	
SUBJECT:	··· <u>·</u>	Name of Lim	ited Liability Company	
The enclosed Ar	ticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Jason Randolph		
			Name of Person	
,		Captive Group Healt	h DPC LLC	
•			Firm/Company	
		485 Brickell Ave #43	04	
			Address	
		Miami, Florida 3313	1	
-			City/State and Zip Code	
-		jrandolph@camelotco	onclerge.com to be used for future annual report notific	eation
For further infor	mation cor	cerning this matter, please ca	•	-
Jason Rando			317 507-6737	
	Name of I	Person	at () Area Code Daytime	l'elephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filing	g 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

(Name of the Limit		ny as it now appears on our rec	ords.)		
The Articles of Organization for this Limited L Florida document number L14000108896	iability Company	were filed on JULY 9, 20	114	_ and ass	signed
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabi	ility company here:			
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation '	"LLC" or the abbi	eviation "	L.L.C."
Enter new principal offices address, if applic	able:	JASON RANDOLPH		<u> </u>	
(Principal office address MUST BE A STREE	T ADDRESS)	485 BRICKELL AVE	#4304		
		MIAMI, FL 33131		<u></u>	
Tantan		JASON RANDOLPH			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	POV)	485 BRICKELL AVE			
IMARING WARFESS MAT BE A FOST OFFICE	<u> </u>	MIAMI, FL 33131			
B. If amending the registered agent and registered agent and/or the new registered o	ffice address here	2:	ords, enter th	<u> </u>	of the new
Name of New Registered Agent:	PETER TAP	PPERT, ESQ		ੁ <u>ਦ</u>	
New Registered Office Address:	1 SE 3RD A	VE, SUITE 1700		A N	400,000
		Enter Florida street ad	[<u>7</u>] **	i C	districts
	MIAMI		Florida 331	31 ₹ Zip Søde	111
New Registered Agent's Signature, if changing		City	ORIU	6	
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office change.	performance of my duties provided for in Chapter 60	s, and I am fan 95, F.S. Or, if a that the limit	niliar wi this doci ed liabil	th and ument is lity

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:

MGR = Manager

AMBR = Authorized Member Type of Action <u>Title</u> Name Address MGR MARC GOLDSAND 1606 MICANOPY AVE □ Add MIAMI, FL 33133 ■ Remove □ Add □ Remove ☐ Add ☐ Remove □ Add □ **Re**move Remove □ Add □ Remove

•		
		<u></u>
ctive date, if othe	er than the date of filing:specific, cannot be prior to date of receipt or filed date	(optional) and cannot be more than 90 days after
ate this document is f	iled by the Florida Department of State)	
ate this document is f	iled by the Florida Department of State)	

Page 3 of 3

Filing Fee: \$25.00

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