

L14000161340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

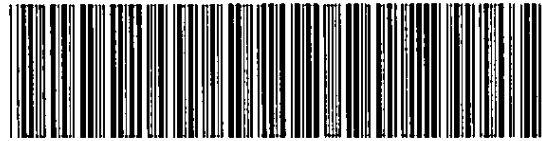
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FEB-7 PM 2:07
CLERK OF COURT
JAN 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PruittHealth - Escambia County, LLC

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:

Olga Bjelkic

Name of Person

PruittHealth, Inc.

Firm/Company

1626 Jeurgens Court

Address

Norcross, GA 30093

City/State and Zip Code

legalservices@pruitthealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga Bjelkic

678 358-1251
at (_____) _____
Name of Person 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PruittHealth - Escambia County, LLC

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

FILED
22 FEB -7 PM 2:00
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/16/2014 and assigned
Florida document number L14000161340.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PruittHealth - Pensacola, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

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:

Enter Florida street address

City, **Florida** 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

DocuSign Envelope ID: DEE90C2D-8771-481B-9785-13CA001C5FFA
 If an incoming 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>	<u>Type of Action</u>
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_____ ☐ Add

☐ Remove

_____ ☐ Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 2, 2022

Neil L. Pruitt, Jr.

Signature of a member or authorized representative of a member

Typed or printed name of signee