

L14 000 161 353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

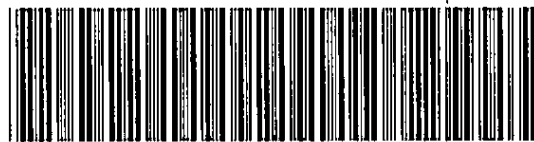
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

Handwritten signature/initials



July 7, 2021

**VIA FEDEX MAIL #7741 4563 5868**

Florida Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303  
Telephone: (850) 245-6051

Re: Name Change Amendment Request for  
PruittHealth - Hillsborough County, LLC  
FL Document No. L14000161353

Dear Sir or Madam:

Please find enclosed a completed and signed name change amendment request forms for  
PruittHealth - Hillsborough County, LLC to be changed to PruittHealth – North Tampa, LLC as  
well as payment for the necessary fees as required.

Please feel free to contact me if you have any questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Olga V. Bjelkic".

Olga V. Bjelkic  
Corporate Paralegal  
[objelkic@pruitthealth.com](mailto:objelkic@pruitthealth.com)  
Direct: (678) 358 - 1251

Enclosures

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TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** PruittHealth – Hillsborough 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, Legal Dept

Name of Person

PruittHealth, Inc.

Firm/Company

1626 Jeurgens Court

Address

Norcross, GA 30093

City/State and Zip Code

legalservices@pruithhealth.com

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

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

Olga Bjelkic

at 678 358-1251

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 – Hillsborough County, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/16/2014 and assigned  
Florida document number L14000161353.

This amendment is submitted to amend the following:

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

PruittHealth – North Tampa, 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)

1626 Jeurgens Court, Norcross, GA 30093

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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**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*

Florida

*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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 June 30, 2021  
[Signature]

Neil L. Pruitt, Jr., Chairman and CEO

Typed or printed name of signee