# 115000006952

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FEB 2 4 2015 **T. HAMPTO**N

# **COVER LETTER**

TO:	Registration Sec Division of Corp						
CUBIC		COAST ACO LLC					
SUBJECT: Name of Limited Liability Company							
The enc	closed Articles of A	Amendment and fee(s) are submitted for filing.					
Please r	eturn all correspor	ndence concerning this matter to the following:					
-		Dr. Jayadeva Chowdappa					
		Name of Person					
		SPACE COAST ACO LLC					
		Firm/Company					
		3535 LITTLE RD					
		Address					
		TRINITY, FL 34655					
		City/State and Zip Code					
		JCHOWDAPPA@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)					
<b>.</b>							
For furt	ther information co	oncerning this matter, please call:					
DR. J	AYADEVA CH	10WDAPPA 727 455-5474					
Name of Person at ()  Area Code Daytime Telephone Number		Person Area Code Daytime Telephone Number					
Enclose	ed is a check for th	e following amount:					
\$25	5.00 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

## NEXT ACO OF THE SPACE COAST LLC

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

(A Florida Elimed E	hability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL15000006957	were filed on January 13, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
SPACE COAST ACO LLC		
The new name must be distinguishable and end with the words "Limited Liabi	ility 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)		78 5 T
		<u> </u>
		55 00
Enter new mailing address, if applicable:		70 111
(Mailing address MAY BE A POST OFFICE BOX)		To 10
		ORICE 25
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	2: 6 !
Non-Boston d A conti-Store and 16 to 15 B	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
		<del></del>	□ Add
		<u> </u>	Remove
			Add
			□ Remove
			Add
			Remove
			TALL METAS
			Remove TOF STATE Add
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	•	
Effective date, if other than The effective date must be specific, the date this document is filed by the	the date of filing:	(optional) e than 90 days after
Dated FEBRARY 2	2015	
	Signature of a member or authorized representative of a r	nember
DR. JAYADEV	A CHOWDAPPA	
	Typed or printed name of signee	

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Filing Fee: \$25.00

SECRETARY OF STATE