

#L15000084966

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(City/State/Zip/Phone #)

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FILED
2015 JUN 22 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JUN 24 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sawgrass Primary Care Partners, 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:

Jonathan Delvalle

Name of Person

Sawgrass Primary Care Partners LLC

Firm/Company

4445 W 16th Ave, Suite 300

Address

Hialeah, FL 33012

City/State and Zip Code

sawgrasspcp@outlook.com

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

For further information concerning this matter, please call:

Jonathan Delvalle

305 519-2546
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Sawgrass Primary Care LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05-13-2015 and assigned
Florida document number L15000084966.

This amendment is submitted to amend the following:

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

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:

4445 W 16th Avenue Suite 300

(Principal office address MUST BE A STREET ADDRESS)

Hialeah, FL 33012

Enter new mailing address, if applicable:

4445 W 16th Avenue Suite 300

(Mailing address MAY BE A POST OFFICE BOX)

Hialeah, FL 33012

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:

Jonathan Delvalle

New Registered Office Address:

4445 W 16th Avenue Suite 300

Enter Florida street address

Hialeah

Florida 33012

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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JUN 22 AM 9:48
CLERK OF DISTRICT COURT
FALLS CHURCH, VIRGINIA

E. Effective date, if other than the date of filing: 05/13/2015 (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 17th

2015

Signature of a member or authorized representative of a member

Jonathan Delvalle

Typed or printed name of signee