

215 000 108 991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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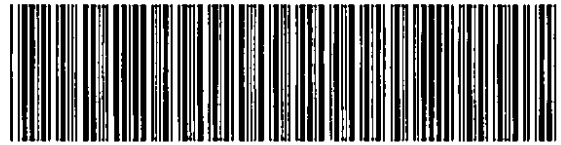
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

2022 JUN 24 PM 3:26

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORPORATE MEDICAL PARTNERS PLLC

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:

CRAIG JOHNSON

Name of Person

AG ONE FINANCIAL INC

Firm/Company

302 3RD STREET STE 4

Address

NEPTUNE BEACH FL 32266

City/State and Zip Code

TAXES@AG1FINANCIAL.COM

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

For further information concerning this matter, please call:

CRAIG JOHNSON

904 429-4748
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**

CORPORATE MEDICAL PARTNERS PLLC

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

FILED
2022 JUN 24 PM 3
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 6/23/2015 and assigned
Florida document number 1.15000108991.

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:

(Principal office address MUST BE A STREET ADDRESS)

1739 LIVE OAK LANE

ATLANTIC BEACH FL 32233

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1739 LIVE OAK LANE

ATLANTIC BEACH FL 32233

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:

AG ONE FINANCIAL INC

New Registered Office Address:

302 3RD ST STE 4

Enter Florida street address

NEPTUNE BEACH

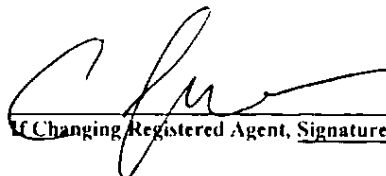
City

Florida 32266

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

2022 JUN 24 PM 3:26
STELLAARISEN

2022 JUN 24 PM 3:26
STILL AHEAD

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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.

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 21/05/2024

Signature of a member or authorized representative of a member 6/24/2022

CRAIG JOHNSON

Typed or printed name of signee

Filing Fee: \$25.00