

L15000111995

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JULIA L. HARRIS

OCT 17 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premier MD Healthcare MSO, 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:

VILTOR TOLEDANO, MD.
Name of Person

Premier MD Healthcare MSO, LLC
Firm/Company

3465 GALT OCEAN DRIVE Suite 203
Address

FORT LAUDERDALE, FL 33308
City/State and Zip Code

VATOLD@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VILTOR TOLEDANO, MD at (954) 914-1866
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PREMIER MD HEALTHCARE MSO, 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 7/2/15 and assigned Florida document number L15000111995

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)

3465 GALT OCEAN DR
Suite 203
FT LAUDERDALE, FL 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3465 GALT OCEAN DR.
Suite 203
FT LAUDERDALE, FL 33308

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:

VICTOR TOLEDANO, MD.

New Registered Office Address:

3465 GALT OCEAN DR. Suite 203

Enter Florida street address

FT LAUDERDALE, Florida 33308

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

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CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

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>
MGR	FATER, DAVID	3465 GALT OCEAN DR.	<input type="checkbox"/> Add
		#101	<input checked="" type="checkbox"/> Remove
		FT LAUDERDALE, FL 33308	<input type="checkbox"/> Change
MGR	Graff, Alan MD	3465 GALT OCEAN DR.	<input type="checkbox"/> Add
		#101	<input checked="" type="checkbox"/> Remove
		FT LAUDERDALE, FL 33308	<input type="checkbox"/> Change
MGR	Mckenzie, Wilfred MD	3465 GALT OCEAN DR.	<input type="checkbox"/> Add
		#101 FT LAUDERDALE,	<input checked="" type="checkbox"/> Remove
		FL 33308	<input type="checkbox"/> Change
MGR	Mckenzie, Wilfred MD	3465 GALT OCEAN DR.	<input checked="" type="checkbox"/> Add
		#101 FT. LAUDERDALE,	<input type="checkbox"/> Remove
		FL 33308	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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 10/5/16

member or authorized

Signature of a member or authorized representative of a member

VICTOR TOLEDANO, MD President
Typed or printed name of signee

Typed or printed name of signee

16 OCT 14 AM 9:56