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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

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|--|------------------------------|--|--|
| | | Acc#I20160000072 | - w: DW |
| Name: | Family Pra | ctice of Florida LLC | |
| Document #: | | | |
| Order #: | 14748117 | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of | | | |
| Apostille/Notarial Certification: | | Country of Destination: Number of Certs: | |
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Thank you!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JAH 27 AM 11: 33

| Family Practice of Florida LLC | | | |
|---|---|--|------------------------------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited) | ny as it now appears on our re Liability Company) | TALLAHASSEE, FL |
| | | | MELAHASSEE, FL |
| The Articles of Organization for this Limited I | Jability Company | were filed on08/17/2015 | and assigned |
| Florida document number L15000139785 | · | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation " | LEC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 3030 Rocky Point Dr. | |
| | | Suite 825 | |
| | | Tampa, FL 33607 | |
| | | | |
| Enter new mailing address, if applicable: | | 3030 Rocky Point Dr. | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Suite 825 | |
| | | Tampa, FL 33607 | |
| B. If amending the registered agent and/or agent and/or the new registered office address. | | address on our records, <u>er</u> | iter the name of the new registere |
| Name of New Registered Agent: | C T Corporation System | | |
| New Registered Office Address: | 1200 South Pin | e Island Road | |
| | | Enter Florida street ac | ldress |
| | Plantation | | , Florida ³³³²⁴ |
| | | 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.

/s/Amy Berteletti, Vice President

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> | Name | <u>Address</u> | Type of Action |
|------------------------------|---------------------------------|------------------------|----------------|
| MGRM | SUBRAMANIAN, DEEPA | 1812 U.S. HWY 19 NORTH | 🗆 Add |
| | | HOLIDAY, FL 34691 | ■Remove |
| | | | |
| AMBR Best Value Intermediate | Best Value Intermediate II, LLC | 3030 Rocky Point Dr. | ■Add |
| | | Suite 825 | □Remove |
| | | Tampa, FL 33607 | □ Change |
| | | | □Add |
| | | | □Remove |
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| | | | FI Change |

| | he Company may engage in any activity authorized by the Florida Revised Limited Liability Company Act." |
|-------------------------------|---|
| <u>—</u> | ticle V of the Articles of Organization of the Limited Liability Company is hereby amended to read as follows: |
| | he Company shall be a member-managed limited liability company," |
| | |
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| an effec <u>(ote:</u> - If | e date, if other than the date of filing: |
| record : Lis filed | 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 l. |
| | 2022 |
| ated _ | <u>January 27</u> . <u>2023</u> . |
| ated | Thomas Wufas Signature of a member or authorized representative of a member |

Filing Fee: \$25.00