Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H21000219994 3)))



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To:

Division of Corporations

Fax Number : (85

: (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 Phone : (941)748-0100

Fax Number : (941)745-2093

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | ap@mbmedicalgroup.com | |
|-------|----------|-----------------------|---|
| | | | _ |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA FAMILY PRIMARY CARE CENTER OF PASCO, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

JUN 0 4 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit: (((H21000219994 3)))

Cocusign Envelope ID: 8AE98731-E208-4F98-8F49-87F7495D3BCA ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

| Florida Family Primary Care Cen | | | | |
|---|---|--|--|--|
| Name of the Lin | Ited Liability Comp | any as it now appears of Liebility Company) | on our records.) | |
| • | (212 000 000 000 000 | Sideling Compine) | | |
| The Articles of Organization for this Limited 1 | Liability Company | y were filed on 10/20 | and assigned. | |
| Florida document number: L15000178326 | | | A A A A A | |
| | | | | |
| This amendment is submitted to amend the following | llowing: | | SE | |
| A. If amending name, enter the new name | of the Ilmited liab | bility company here | ان الله الله الله الله الله الله الله ال | |
| A. If amending hance, enter the new hance | Of the Manual Date | BURY COMPANY MOVE | 100 | |
| The new name must be distinguishable and contain the | anneds "T imited Lieb | ility Company " the deal | marking IT I C' or the shipperiories In I C' C' C' | |
| The new hame miner he distinguishable and collising one | Moses Willied The | utra Combantal the desi | Rodright DEC of the poorty lation P.D.C. | |
| Euter new principal offices address, if appli | icable: | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | 1400 NW 107th Avenue, Suite 500 | | |
| Mailing address MAY BE A POST OFFICE | z povi | Miami, Florida 33172 | | |
| (Maining unaress MAI BE A FOST OFFICE | <u> </u> | | | |
| | | | | |
| B. If amending the registered agent and/or | registered office | address on our reco | ords, enter the name of the new registered | |
| agent and/or the new registered office addre | | addites on our rock | Most circle the Mante of the New Logisters. | |
| | | | | |
| Name of New Registered Agent: | MB Medical Operations, LLC | | | |
| Mane of the Wicegotte State. | 0.11.700 | | | |
| New Registered Office Address: | 1400 NW 107th Avenue, Suite 500 Enter Florida street address | | | |
| | | | | |
| | Miami | | , Florida 33172 | |
| | | City | Zip Code | |
| New Registered Agent's Signature, if changing | Registered Agent: | Ĺ | | |
| Men Vekness on Withut 2 Districtor of it changing | *************************************** | | | |

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.

> Xavier Alarcon If Changing Registered Agent, Signature of New Registered Agent

2021 JUN -3 PM 4: 06

Docusign Envelope ID: 8AE98731-E208-4F96-8F49-87F7486D3BCA
II illucturing Authorized Person(8) untoforized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|---|---------------------------------|----------------|
| AMBR | Octavio A. Bravo | P.O. Box 13188 | □Add |
| | | Tempa, Plorida 3368! | ■Remove |
| | | | Change! |
| MBR — | Plorida Family Primary Care Center, LLC | P.O. Box 13188 | DAdd HALL |
| | | Tampa, Florida 33681 | ASS Remover G |
| | | | DChange R |
| CEO | Efrain Duarte | 1400 NW 107th Avenue, Suite 500 | |
| | | Miami, Florida 33172 | □Remove |
| | | | Change |
| CPO | Xavier Alaroon | 1400 NW 107th Avenue, Suite 500 | ≡Add |
| | | Miami, Florida 33172 | □Remove |
| | | | Clunge |
| | | | |
| | | | □Remove |
| | | | Change |
| | | | DAdd |
| | | | □Remove |
| | | | Change |

| DocuSign Envelope ID: 8AE98731-E208-4F96-8F49-87F7495D3BCA | Fax Audit: (((H21000219994 3))) | | |
|---|--|--|--|
| D. If amending any other information, enter change(s) here: (Atto | ach additional sheets, if necessary.) | | |
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| | ————————————————————————————————————— | | |
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| | | | |
| E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of | t thing of more than yo days after thing) Pursuant to 605.0207 (1)(6) | | |
| Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records. | utory filing requirements, this date will not be listed as the | | |
| | | | |
| If the record specifies a delayed effective date, but not an effective time, at 12 record is filed. | 2:01 a.m. on the earlier of: (b) The 90th day after the | | |
| Dated <u>JUNE 2</u> , <u>2021</u> . (Xavier Marcon | | | |
| (Xavier Alarcon | | | |
| Xavier Alarcon | resentative of a member | | |
| Typed or printed name of | fsignee | | |

Filing Fee: \$25.00

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