

L16 000024524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

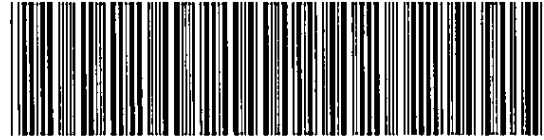
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21 JUN 14 AM 9:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIME HEALTH 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:

RAFAEL BONA

Name of Person

PRIME HEALTH PARTNERS LLC

Firm/Company

4056 TAMPA RD SUITE 200

Address

OLDSMAR, FL 34677

City/State and Zip Code

bebotbona@gmail.com

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

For further information concerning this matter, please call:

RAFAEL BONA

727 439-2677
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**

PRIME HEALTH PARTNERS LLC

21 JUN 14 AM 9:24

(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 02/04/2016 and assigned
Florida document number L16000024524.

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:

4056 TAMPA RD

(Principal office address MUST BE A STREET ADDRESS)

SUITE 200

OLDSMAR, FL 34677

Enter new mailing address, if applicable:

4056 TAMPA RD

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 200

OLDSMAR, FL 34677

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:

New Registered Office Address:

4056 TAMPA RD SUITE 200

Enter Florida street address

OLDSMAR

City

Florida 34677

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

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	BONA, ZEFF RAFAEL	4056 TAMPA RD	<input type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Change
S	BONA, ZOE GENE	1694 BAYHILL DR	<input type="checkbox"/> Add
		OLDSMAR, FL 34677	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BONA, RAFAEL	1694 BAYHILL DR	<input type="checkbox"/> Add
		OLDSMAR, FL 34677	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

21 JUN 14 AM 9:24

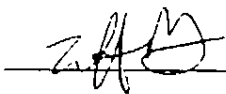
E. Effective date, if other than the date of filing: _____ (optional)

(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 JUNE 8, 2021



Signature of a member or authorized representative of a member

ZEFF RAFAEL BONA

Typed or printed name of signee