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# **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT:	Phys Name of Line	ician larther	s Medical Group
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Carlos	Cardona Same of Person	
	833	Firm/Company  Address	S <del>/</del>
	E-mail address: (	City/State and Vincode  City/State and Vincode  Code and Code annual report not to be used for fattle annual report not	34744 TM
For further information con-	cerning this matter, please ca	all:	
Or OS (Name of Po	ardona		3302 ne l'elephone Number
Enclosed is a check for the	following amount:		
	✓ \$30,00 Filing Fee & Certificate of Status	© \$35 to Firing thee & Certified Copy hadditional copy is enclosed?	☐ \$60,60 Filing free, 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
Clitton Building
2001 Executive Center Circle Ladahassee, FL 32301

# ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION

Physic	Eign Partners Medical Group LTC.
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	liability Company were filed on and assigned
Florida document number	105.51.74
This amendment is submitted to amend the fo	llowing:
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 "LLC"
Enter new principal offices address, if appli	1
(Principal office address MUST BE A STRE	ET ADDRESS)
	17
Enter new mailing address, if applicable:	SEP
(Mailing address MAY BE A POST OFFICE	BOX) 2 5
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address on our records, enter the name of the new office address here:
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	, Florida
New Registered Agent's Signature, if changing	Registered Agent:
	II

Thereby 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 603, 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 a	Authorized Person(s) authorize	orized to manage, enter the title, name, and address of each person_being added		
MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	Name			Type of Action
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f amending any other information, enter change(s) here: 13	ttach additional sheets, if nec	cessary.)	
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an effective date is listed, the date must be specific and cannot be prior to da	te of filing or more than 90 days afte	t <mark>ional)</mark> er tiling.) Pursuant (	a 605.0261
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Signature of a member or authorized	<i>a</i>		
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Filing Fee: \$25.00