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NOV OA 2016 J. HARRIS

## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	EAST BOCA	A RATON PHYSICIANS GR	OUP, LLC	
SOBGLOIT		Name of Limi	ted Liability Company	<del></del>
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Tom Hinners		
			Name of Person	
			Firm/Company	
		777 E. Atlantic Ave, Suite	200	
		_	Address	<del></del>
Delray Beach, Florida 33483				
			City/State and Zip Code	
		Tom@fahi.net	to be used for future annual report notific	ation)
For further in	nformation co	ncerning this matter, please ca		unon,
Tom Hinner			561 278-3901	
Tom Hinner	Name of	Darcon	at ()	Felephone Number
	Name of	i cison	Area Code Daytime	retephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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

TO:

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

(Name of the Limited Liability Comp (A Florida Limited		<u>(s.</u> )
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L16000070107}{L16000070107}$ .	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	VIII.	<b>ज</b>
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		70 1283
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	a dim
3. If amending the registered agent and/or registered e egistered agent and/or the new registered office address he		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
- <u></u>	Enter Florida street addres	'S
-		orida
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Zachary D. Hinners	777 E. Atlantic Ave, Suite 200	<b>■</b> Add
		Delray Beach, Florida 33483	□ Remove
			☐ Change
			Add
			Remove
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Filing Fee: \$25.00