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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	CREDIT P	HYSICIANS, LLC		
3000,000		Name of Lim	ited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		ADAM A. GAMEZ		
			Name of Person	
		CREDIT PHYSICIANS, I	LC	
			Firm/Company	
		8333 N.W. 53rd STREET.	SUITE 450	
			Address	
		DORAL, FLORIDA 3316	6	
		<u>-</u>		
		Name of Person CREDIT PHYSICIANS, LLC Firm/Company 8333 N.W. 53rd STREET, SUITE 450		
or further is	nformation co	oncerning this matter, please ca	all:	
ADAM A. C	GAMEZ			
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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 tadditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

CREDIT PHYSICIANS, LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed lorida document number 1.16000082839	on <u>4/27/2016</u> and assig	ned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability compa	any here:	
he new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.	
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	30	7:
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	. 0	
. If amending the registered agent and/or registered office address derect agent and/or the new registered office address here: Name of New Registered Agent:	ess on our records, enter the name of	the
New Registered Office Address:	ter Florida street address	
-20		
City	, Florida 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. Thereby 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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ADAM A. GAMEZ	8333 N.W. 53RD STREET, STE 450, MIANH, FLORIDA 33166	■ Add
			☐ Remove
			Change
AMBR	ADAM A. GAMEZ	8333 N.W. 53RD STREET, STE 450, MIAMI, FLORIDA 33166	
			■ Remove
			Change
AMBR	HUMBERTO GARAY	8333 N.W. 53RD STREET, STE. 450, MIAMI, FLORIDA 33166	Add
			Remove
			Add T
			Change
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<u>Note:</u> If th	ne date inserted in	this block does no i the Department o	t meet the appl	icable statutory	filing requiremen	ts, this date will n	ot be list	ted as th
the record The 90	I specifies a de th day after th	elayed effective ne record is file	date, but nd.	ot an effecti	ve time, at 12	:01 a.m. on th	ie earli	er of:
Dated	SEPTEM	eer 26m		18.				
			/	/				
	,			(/ / _	-			

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Filing Fee: \$25.00