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COVER LETTER

Registration Section Division of Corporations

TO:

Midway	Primary Care, LLC.		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Kathryn E Hayden		
		Name of Person	
	Midway Primary Care, LL	C.	
		Firm/Company	7 · 63
	356 E Midway Road		
	 	Address	
	Fort Pierce, Florida 34982		<u> :</u>
		City/State and Zip Code	7 32
	khayden@midwaycare.org	to be used for future annual report noti	~
For further information	n concerning this matter, please c		Teation,
Kathryn E Hayden	- -	772 742-9276	
Nam	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	r 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)
Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

TO

ARTICLES OF ORGANIZATION **OF**

Midway Primary Care, LLC.	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on May 18, 2016 and assigned
Florida document number L16000093425	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	23 - 7
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o	office address on our records enter the name of the
registered agent and/or the new registered office address her	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 wit 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	Midway Specialty Care Center. Inc.	356 E Midway Road, Fort Pierce, Florida 34982	
			■ Remove
			☐ Change
MGR	Midway Health Care Centers, Inc.	3225 S. US Highway 1, Fort Pierce, Florida 34982	
			Remove
			□ Change
) Remove
	- 		Change Add
			Remove
			Change
		-1	Remove
			☐ Change
			☐ Remove
			Change

Effective date, if other than the date of filing: functive date, if other than the date of filing: functive 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 605.0 More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date adelayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed. Dated February 11 2019 Signature of a member or authorized representative of a member Anand Sukhram					
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D. If amending any other information, enter change(s) here: (Attach daattohat sheets, if necessary,)

Page 3 of 3

Filing Fee: \$25.00