

L16000160646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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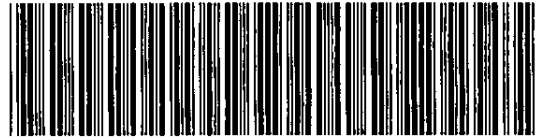
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
OCT 17 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PremierMD NY ACO 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:

VICTOR TOLEDANO, MD.
Name of Person

PremierMD NY ACO LLC
Firm/Company

3465 GALT OCEAN DRIVE SUITE 203
Address

FT LAUDERDALE, FL 33308
City/State and Zip Code

VATOLD@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR TOLEDANO, MD at (954) 914-1866
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Premier MD NY ACO LLC

(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 8/26/16 and assigned
Florida document number L16000160646

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

Florida

City

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TALAM, SECRET
STATE OF FLORIDA

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	Silverstein, Scott, DO	3465 GALT OCEAN	<input checked="" type="checkbox"/> Add
		Drive Suite 203 FT.	<input type="checkbox"/> Remove
		Lauderdale, FL 33308	<input type="checkbox"/> Change
MGR	Wong, Antonio, MD	3465 GALT OCEAN	<input checked="" type="checkbox"/> Add
		Drive Suite 203 FT.	<input type="checkbox"/> Remove
		Lauderdale, FL 33308	<input type="checkbox"/> Change
MGR	McKenzie, Wilfred, MD	3465 GALT OCEAN	<input checked="" type="checkbox"/> Add
		Drive Suite 203 FT.	<input type="checkbox"/> Remove
		Lauderdale, FL 33308	<input type="checkbox"/> Change
MGR	Jensen, William, DO	3465 GALT OCEAN	<input checked="" type="checkbox"/> Add
		Drive Suite 203 FT.	<input type="checkbox"/> Remove
		Lauderdale, FL 33308	<input type="checkbox"/> Change
MGR	Odell, Robert, MD	3465 GALT OCEAN	<input checked="" type="checkbox"/> Add
		Drive Suite 203 FT.	<input type="checkbox"/> Remove
		Lauderdale, FL 33308	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SPECIAL SERVICE UNIT

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Victor TOLEPANO, MD President

Typed or printed name of signer

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SECURITY INFORMATION
TALLAHASSEE, FLORIDA