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INC		ue. Tallahassee, Florida 32303 (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
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Premie (CORPORA)	TE NAME AND DOCUMENT #)	
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(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIERAND ELC		
(Name of the Limited L. (A F.	ability Company as it new appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number $\frac{L16000231508}{L16000231508}$	ity Company were filed on 01/01/2017	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
PREMIERMD ACO NETWORK LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Q	TALLAHASSET 17 MAY 23
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, e address here:	enter the name of the new 22
Name of New Registered Agent:		
New Registered Office Address:		
110W Modistated Office / Sections	Enter Florida street address	
	, Florie	da
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		:
Title	Name	Address	Type of Action
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			□ Remove
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If amending any other informat	ion, enter change(s) here:	(Attach additional sheets,	f necessary.)	
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The 90th day after the reco	rd is filed.			
ated MAY 22	2017			
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S	ignature of a member or authorize	ed representative of a member		
VICTOR TOLEDANO, !	, , , , , , , , , , , , , , , , , , , ,			

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