

7/20/2021

Division of Corporations

**L1700005862**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ST. PETERSBURG PRIMARY CARE ASSOCIATES, LLC**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

Help

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

ST. PETERSBURG PRIMARY CARE ASSOCIATES, 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 03/13/2017 and assigned Florida document number L17000056862.

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)**

3030 N. Rocky Point Dr.

Suite 825

Tampa, FL 33607

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**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3030 N. Rocky Point Dr.

Suite 825

Tampa, FL 33607

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REGISTRATION  
DIVISION  
D

**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:

C T Corporation System

New Registered Office Address:

1200 Pine Island Rd.

*Enter Florida street address*

Plantation

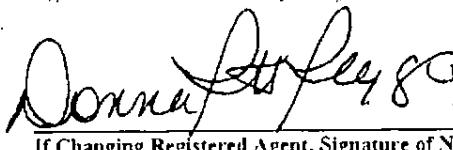
Florida

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 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.*

  
Donna Peterson-Riges,  
Asst. Secretary

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 40E6494B-7F1E-47E3-90B0-05792BBEE6BD  
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>
AMBR	Paul M. Puleini	6101 Webb Rd., Suite 203 Tampa, FL 33615	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Gladymar Vrkic	6101 Webb Rd., Suite 203 Tampa, FL 33615	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Rajankumar Naik	3030 N. Rocky Point Dr., Ste. 825 Tampa, FL 33607	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change

D. If changing any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TOMAHASKI, TORONTO

2021 JUL 20 P# 12:9  
SECURE INSTITUTE OF FLORIDA  
TRAVEL AGENT

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E. **Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the  
document's effective date on the Department of State's records.

July 19, 2021 |

Dated \_\_\_\_\_, \_\_\_\_\_

— DocuSigned by:

Thomas Meletas

Signature of a member or authorized representative of a member

Thomas Whytas, Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00