117000090499

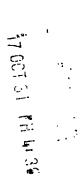
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500304094815





WAR HOLDER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 891466 7736190 AUTHORIZATION COST LIMIT ORDER DATE: October 31, 2017 ORDER TIME : 2:31 PM ORDER NO. : 891466-005 CUSTOMER NO: 7736190 DOMESTIC AMENDMENT FILING NAME: WELLMERICA LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY ____ PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO: Registration Division of C	Section Corporations			
WELLI SUBJECT:	merica,llc			
SOBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	GARY C MATZNER			
		Name of Person		
	WELLMERICA, LLC			
		Fim/Company		
	1451 WEST CYPRESS CREEK ROAD SUITE 300			
		Address		
	FT LAUDERDALE FL 33	1309	·	
		City/State and Zip Code		
	MATZNER@KOLAWYE			
	Б-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please ca	all:		
GARY MATZNER		305 3847645 at () Area Code Daytim		
Name	of Person	Area Code Daytim	e Telephone Number	
Unclosed is a sheek 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2017

CSC ROXANNE TURNER

SUBJECT: WELLMERICA, LLC Ref. Number: L17000090499

Please give original submission date as file deli-

2917 OCT 31 AH 6: 4

We have received your document for WELLMERICA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list type of action for Paul Rothman. Please list complete information for each business or person being added.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00022034

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WELLMERICA, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Of Florida document number L17000090499	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	41-34.41
		<u> </u>
		∞
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	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

<u>Title</u>	Name	Address	Type of Action
P/MGR	JACOB HALPERT	1451 W CYPRESS CREEK RD	D Add
		#300	■ Remove
		FT LAUDERDALE FL 33309	□ Change
VP/MGR	PAUL ROTHMAN	1451 W CYPRESS CREEK RD	
		#300	-
		FL LAUDERDALE FL 33309	
MGR	GARY MATZNER	2800 PONCE DE LEON BLVD	ПАН
		#1100	⊟ Remove
		CORAL GABLES FL 33134	□ Change
CH/MGR	MARK RABINOWITZ MD	11645 BISCAYNE BLVD	= Shings
		#207	☐ Remove
		N MIAMI FL 33181	
MGR	MIKE GERVASI MID	5827 CORPORATE WAY	₩ Add
			☐ Remove
		W PALM BEACH FL 33407	CO water
	·		DAdd⊅
			.E- .ti•• □ Remove
			Change

<u>Title</u>	Name	Address	Type of Action
MGR	PATRICK CARNEGIE	700 8TH STREET	
		#101	□ Remove
		PALMETTO FL 34221	
MGR	MANNY MENENDEZ	3800 W BROWARD BLVD	_
		#100	= Add
		FL LAUDERDALE FL 333012	□ Remove
MGR	JEFFREY HORSTMYER MD	661 S MIAMI AVB	Change
	- TOROTHORN HIS	OI S MININI AVE	
			□ Remove
		MIAMI F1, 33133	Change
CCC/MG	PATRICIA DARNLEY	1451 W CYPRESS CREEK RD	₩ Add
		#300	□ Remove
		FT LAUDERDALE FL 33309	Change
S/MGR	MICHAEL MCCABE	1451 W CYPRESS CREEK RD	□ Change
		#300	□ Remove
		FT LAUDERDALE FL 33309	☐ Change
			O Add
			Add
			□ Remove
			□ Change

<u>Title</u>	Name	Address	Type of Action
T/MGR	SHARON KELLY	1451 W CYPRESS CREEK RD	届 A₫d
		#300	□ Remove
		FT LAUDERDAL FL 33309	□ Change
MGR 	ANNE SHEARON	1451 W CYPRESS CREEK RD	B Add
		#300	□ Remove
		FT LAUDERDALE FL 33309	Change
AMBR	MIAMI BEACH COMMUNITY HEALTH CENTER, INC.	11645 BISCAYNE BLVD	⊜ Add
		#207	Remove
		N MIAMI FL 33181	Change
AMBR	FLORIDA COMMUNITY HEALTH CENTERS, INC.	5827 CORORATE WAY	Add
			□ Remove
		W PALM BEACH FL 33407	Change
AMBR	MANATEE COUNTY RURAL HEALTH SERVICES, INC.	700 8TH ST	
		#101	Remove
		PALMETTO FL 34221	Change
			Add
			□ Remove _®
			Change

<u>Title</u>	Name	Address	Type of Action
AMBR	FIRST QUALITY HOME CARE, INC.	8700 W FLAGLER ST	= Add
		#200	Remove
		MIAMI FL 33174	Change
AMBR	CHRYSALIS HEALTH,	3800 W BROWARD BLVD	—— UbbA
	····	#100	
	•	FT LAUDERDALE FL 33312	
AMBR	DR JEFFREY HORSTMYER, M.D.	661 S MIAMI AVE	
			□ Remove
		MIAMI FL 33133	□ Change
AMBR	GATEWAY HEALTH PLAN LP	1451 W CYPRESS CREEK RD	🛱 Add
		#300	□ Remove
		FT LAUDERDALE FL 33309	☐ Change
AMBR	WELLMERICA, LP	1451 W CYPRESS CREEK RD	 Ie l Add
		#300	□ Remove
		FT LAUDERDALE FL 33309	□ Change
~15 <u>~~11 1811 1</u>			
			☐ Remove
			F 200 € Change

		ı
	<u></u> -	
	,	
		
	······································	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this c	nal) iling.) Pursuant to 605. date will not be liste	.0207 ed as
fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after find the date inscreted in this block does not meet the applicable statutory filing requirements, this educument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.	date will not be liste	ed as
(option of the content of the conten	m. on the earlie	ed as
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 in the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records. The goth day after the record is filed. Dated October 31 2017	date will not be liste .m. on the earlie	ed as
(option of the content of the conten	m. on the earlie	ed as

Page 3 of 3

Filing Fee: \$25.00