

9/2/21, 12:06 PM

Division of Corporations

L1700014920

Florida Department of State
Division of Corporations
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To:

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPACE COAST INDEPENDENT PRACTICE ASSOCIATION, LLC

Certificate of Status	1
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SEP 09 2021

S. PRATHER

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September 3, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations
SPACE COAST INDEPENDENT PRACTICE ASSOCIATION, LLC
1344 S. APOLLO BOULEVARD
SUITE 303
MELBOURNE, FL 32901US

SUBJECT: SPACE COAST INDEPENDENT PRACTICE ASSOCIATION, LLC
REF: L17000114920

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H21000328289
Letter Number: 121A00021428

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Space Coast Independent Practice Association, 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 May 24, 2017 and assigned

Florida document number L17000114920

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

America's MDE, LLC

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

City Florida 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

FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

2021 SEP -8 PM 1:35

MGR = Manager
AMBR = Authorized Member

[illegible]

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