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(Address)

(City/State/Zip/Phone #)

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K. SALY
OCT. - 2 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cape Coral Primary Care, 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:

Erica Chapman

Name of Person

Cape Coral Primary Care, LLC

Firm/Company

811 Del Prado Blvd S

Address

Cape Coral, FL 33990

City/State and Zip Code

echapman@capecoralurgentcare.com; drhall@capecoralurgentcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica Chapman

Name of Person

941 822-9317
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Cape Coral Primary Care, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/31/2017 and assigned
Florida document number 117000119211.

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)

811 Del Prado Blvd S

Cape Coral, FL 33990

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:

Erica L. Chapman

New Registered Office Address:

811 Del Prado Blvd S

Enter Florida street address

Cape Coral

City

Florida

Zip Code

33990

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>
AMBR	Erica Chapman	811 Del Prado Blvd S	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2018 SEP 2 PM 1:38
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NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

2011 SEP 27
10:56 AM
10/1/11

2011 SEP 29 PM 1:38

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.

Dated September 20, 2017

Signature of a member or authorized representative of a member

Adam Hall, Managing Member

Typed or printed name of signee