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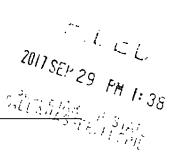
	Registration Sec Division of Corp					
411113 1124		Primary Care, LLC				
SUBJEC	.T:	Name of Limi	ted Liability Company			
The encl	osed Articles of a	Amendment and fee(s) are subr	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter t	to the following:			
		Erica Chapman				
			Name of Person			
		Cape Coral Primary Care, 1	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: (1	to be used for future annual report notifie	ration)		
For furth	er information co	oncerning this matter, please ca	all:			
Erica Cl	iapnian		941 822-9317			
	Name of	f Person	at ()	Felephone Number		
Enclosed	I is a check for th	ne 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

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)

The Articles of Organization for this Limited I	iability Company	were filed on 05/3	1/2017	and assigned	
Florida document number 1.17000119211	·			eviation "L.L.C."	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company hero	<u>e</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the abl	oreviation "L.L.C."	
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		811 Del Prado Blvd S			
(Mailing address MAY BE A POST OFFICE	Cape Coral, FL 31	3990			
		, m			
B. If amending the registered agent and registered agent and/or the new registered of the new registered agent and registered agent age			our records, <u>enter</u>	the name of the new	
Name of New Registered Agent: Erica L. Chapn		nan			
New Registered Office Address:	Name Danistana de George Address a 811 Del Prado				
New Neglitered Willie Madress.		Enter Florid	r Florida street address		
	Cape Coral		, Florida	990	
		City		Zıp 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Erica Chapman	811 Del Prado Blvd S	
		Cape Coral, FL 33990	Remove
			☐ Change
			□ Add
			Remove \ 22 Change
			Okange (1)
			Remove
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					J.
				بنيان المسترين	•
	1, 1, 2				
Tective date, if other than the	date of filing		(ontional)	
m effective date is listed, the date mu	st be specific and cannot be pr	ior to date of filir	ig or more than 90 day:	s after filling.) Pursuant to 605	.020
ote: If the date inserted in this bocument's effective date on the D	lock does not meet the app department of State's recor	ncable statutor ds.	y timig requirement	s, this date will not be list	20 8
record specifies a delaye The 90th day after the rec		not an effect	tive time, at 12:	01 a.m. on the earlie	er
September 20	. 2017	/			
			/		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00