

L17000132291

(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



700409889857

FILED
2023 JUN -9 PM 12:22
STATE
TALLAHASSEE, FL

06/12/23--01001--001 **25.00



FLORIDA DEPARTMENT OF BANKING AND FINANCE

2023 JUN -9 PM 3:37

PROCESSED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH DADE 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:

Johanny De La Paz

Name of Person

Firm/Company

14750 NW 77 Ct Ste 100

Address

Miami Lakes, FL 33016

City/State and Zip Code

jdelapaz@claremedica.com

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

For further information concerning this matter, please call:

Johanny De La Paz

Name of Person

at (305)

Area Code

218-9535

Daytime Telephone Number

Enclosed is a check 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2023 -9 PM 12:22
CLERK OF STATE
TALLAHASSEE, FL

SOUTH DADE 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 Liability Company were filed on 06/20/2017 and assigned
Florida document number L17000132291.

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)

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

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>
CEO	Mark L. Mullinix, Jr.	14750 NW 77 CT STE 100	<input type="checkbox"/> Add
		MIAMI LAKES, FL 33016	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CMO	Albert Palombo	14750 NW 77 CT STE 100	<input type="checkbox"/> Add
		MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CGO	Stephen Dickey	14750 NW 77 CT STE 100	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FLORIDA STATE
ARCHIVES

2023-1-9 PM 12:22
HONOLULU DISTRICT COURT
CLERK OF COURT

10

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) this date will not be listed as the applicable statutory filing requirements.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 8th 2023
[Signature]
 Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00