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A. RIVERS

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COVER LETTER

	Registration Se Division of Cor				
cup iec		ADE PRIMARY CARE, LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The encle	osed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please ret	turn all correspo	endence concerning this matter	to the following:		
		PETER ZUCKOFF			
			Name of Person		
		SOUTH DADE PRIMARY	Y CARE, LLC		
			Firm/Company		
		14750 NW 77TH CT, SUI	TE 100		
			Address		
		MIAMI LAKES, FL, 3301	6		
		-	City/State and Zip Code		
		RSANCHEZ@CLAREME			
		E-mail address: (to be used for future annual report not	ification)	
For furthe	er information c	oncerning this matter, please co	all:		
PETER 2	ZUCKOFF		954 260-5644 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	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 Addres Registration S		<u>Street Address:</u> Registration Se	ection	
	Division of C		Division of Con		
]	P.O. Box 632	7	The Centre of	Γallahassee	
•	Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	filed on and assigned
lorida document number	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability co	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Cor	mpany," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	202
Principal office address MUST BE A STREET ADDRESS)	
	:
	,2 - O
nter new mailing address, if applicable:	
	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	- <u>11</u>
. If amending the registered agent and/or registered office addressent and/or the new registered office address here:	ss on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Fig. 24.
	, Florida

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 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
C00	MARK L MULLINIX	14750 NW 77TH CT, SUITE 100	□Add
		MIAMI LAKES, FL. 33016	≣Remove
			□ Change
CEO	MARK L MULLINIX	14750 NW 77TH CT, SUITE 100	= Add
		MIAMI LAKES, FL. 33016	□ Remove
			□ Change
СМО	ALBERT PALOMBO	14750 NW 77TH CT, SUITE 100	□ Add
		MIAMI LAKES, FL. 33016	■Remove
			Change
			□ Add
			□ Remove
			□ Add
			□ Remove
			Change
			□ Add
		·	□Remove
			□ Change

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Filing Fee: \$25.00