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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JC5, 2-18

COVER LETTER

TO:	Registration Se- Division of Cor		,	
CHID I		GYN SERVICES, LLC		
SUBJ	ECT:	Name of Limi	ited Liability Company	
The e	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		JENNIFER PEREZ		
			Name of Person	
		VITALMD GROUP HOLI	DING, LLC	
			Firm/Company	
		3225 AVIATION AVENU	E, SUITE 700	
			Address	
		MIAMI, FL 33133		
			City/State and Zip Code	
		jennperez@femwell.com		
		E-mail address: ()	to be used for future annual report notif	ication)
For fu	irther information co	oncerning this matter, please ca	ill:	
jennit	fer perez		305 273-4641, ex	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ Si	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**

AMG OGYN SERVICES, LLC

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

(4)	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on 10.3.2017	and assigned
Florida document number L17000204479	·	
This amendment is submitted to amend the follow	/ing:	
A. If amending name, enter the new name of t	he limited liability company here:	
AMG OBGYN ER SERVICES, LLC		# 7₹ 38
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C.
Enter new principal offices address, if applicat	ole:	Z >>
(Principal office address MUST BE A STREET	ADDRESS)	
		FLORIDI FLORIDI
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	·
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ente</u> ce address here:	r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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 Title Name Address Type of Action _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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n effective date is listed, the feet of the date inserted to the date inserted to the date inserted the date inserted the date inserted to the date inserted the date in the d	than the date of filing: _ te date must be specific and car in this block does not meet on the Department of State	mot be prior to dat t the applicable s	e of filing or more than 9	0 days after filing.) Pursuan	nt to 605.020 be listed a
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record specifies a The 90th day after	delayed effective date the record is filed.	e, but not an	effective time, at	12:01 a.m. on the	earlier c
2.28. ted	<u> </u>	2018			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00