## 117000206667

(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





800324614048

02/20/19--01012--024 \*\*25.00

19 FEB 20 PM 6: 19

APCOLITATION TARRET

(ALLANASSIE, FLORIDA

FEB 2 5 2019 S. YOUNG

## **COVER LETTER**

	Registration Se Division of Cor			
01 ID 15 00		elephysicians Partners, LLC		
Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please rett	arn all correspo	ndence concerning this matter	to the following:	
		Richard Brooks		
		St. Augustine Law Group,	Name of Person P.A.	<del></del>
		320 High Tide Drive, STE	Firm/Company	
		St. Augustine, FL 32080	Address	
		rich@staugustinelawgroup.c	City/State and Zip Code	
For furthe	r information c	E-mail address: (	to be used for future annual report notif	fication)
Julia New		one on the same of product of	904 990-7777 at ( )	
	Name o	f Person		e Telephone Number
Enclosed i	is a check for th	ne following amount:		
\$25.00	0 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:

TO:

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

American Telephysicians Partners, LLC	ny ac it now appears on our records )	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company were filed on 10/05/2017		
Florida document number L17000206667		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		19
(Principal office address MUST BE A STREET ADDRESS)		FEB 2
		0 =
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
D. If amonding the registered season and/on registered of	You address on our mounts of	nten the name of the ne
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<del>-</del>	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office	performance of my duties, and I provided for in Chapter 605, F.S	am familiar with and . Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CURA4U, Inc.	50 N Laura Street, #2500 Jacksonville, FL 32202	B Add
			□ Remove
			□ Change
MGR	American Telephysicians, LLC	50 N Laura Street, #2500 Jacksonville, FL 32202	
			■ Remove
			□ Change
	<del>.</del>		
			Remove
			□ Change
			Add
			Remove
			□ Change
			Add
			□ Remove
		<del></del>	☐ Change
			Add
			Remove
			Change

D. If amending any oth	ner information, enter change(s)	here: (Attach additional shee.	is, if necessary.)
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			<del></del>
	<del></del>		
	·		
			· · · · · ·
			<del></del>
(It an effective date is liste Note: If the date inser		applicable statutory filing requirer	(optional)  Delian days after filing.) Pursuant to 605.0207 (3)(benents, this date will not be listed as the
	s a delayed effective date, buter the record is filed.	ut not an effective time, at	12:01 a.m. on the earlier of:
Dated February 15	2019		
	Signature of a member o	r authorized representative of a memb	per
Pichard I	Brooks II St. Angustine Law Group	n	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00