L17000263410

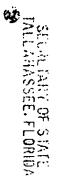
(Re	questor's Name)	
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COVER LETTER

	ision of Cor			
SUBJECT:	Communit	y Health Partners of Southw	vest Florida	
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and feets) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Robert J. Douglas, Jr		
		Davis, Brown, Koehn, Shor	Name of Person rs & Roberts, P.C.	
		4201 Westown Parkway, S	Firm/Company ruite 300	
		West Des Moines, Iowa 50	Address 0266	
		jgarnaas@n\y-chp.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation c	oncerning this matter, please co	all;	
Robert J. D	ouglas, Jr.		515 246-7841	
	Name o	l'Person	at () Area Code Daytime	Telephone Number
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 F	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

Community Health Partners of Southwest Florida (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number L17000263410 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Core Health Partners of Southwest Florida, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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> N/A	Type of Action
			Add
			□ Remove
			□ Change
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			☐ Remove
			□ Change
			
			Remove
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			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary N/A	s)	
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ffective date, if other than the date of filing:	Pursuant to 60 will not be lis	5.0207 (3 ted as th
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the 90th day after the record is filed.	on the gearli	3
December 17th 2018	SSAH	81 J3G
Am/ Danoar	ĭ E. g	
Signature of a member or authorized representative of a member	IS IAI É IL ORID.	AM II: 09
/ / Jon D. Garnaas, Manager	ם רי	:=

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00