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**TO: Registration Section
Division of Corporations**

SUBJECT: DIRECT PRIMARY CARE OF AMERICA 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:

ROBERT G. BRUECHERT

Name of Person

ROBERT G. BRUECHERT, ATTORNEY AT LAW, P.C.

Firm/Company

140A BROADWAY

Address

AMITYVILLE, NEW YORK 11701

City/State and Zip Code

RGB@LIBIZLAW.COM

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

For further information concerning this matter, please call:

ROBERT G. BRUECHERT

Name of Person

631
at ()

Area Code

691-2600

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

✓ 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>
AMBR	DAVID G. WEBER	313 ASTOR DR.	<input checked="" type="checkbox"/> Add
		SAYVILLE, NY 11782	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated APRIL 23, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee