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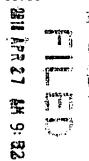
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## **COVER LETTER**

	Registration Se Division of Corp					
SUBJEC		RIMARY CARE OF AMERIC	CA LLC			
SUBJEC	T:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspon	ndence concerning this matter	to the following:			
		ROBERT G. BRUECHER	Т			
Name of Person						
ROBERT G. BRUECHERT, ATTORNEY AT LAW, P.C.						
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
		140A BROADWAY				
			Address			
		AMITYVILLE, NEW YO	RK 11701			
			City/State and Zip Code			
		RGB@LIBIZLAW.COM				
		E-mail address: (	to be used for future annual report notifi	cation)		
For further	er information co	oncerning this matter, please ca	all:			
ROBERT G. BRUECHERT			631 691-2600 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	e following amount:				
□ \$25.0	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:

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**

DIRECT PRIMARY CA	RE OF AMER	ICA LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now app Liability Compan	ears on our records y)	<u>s.</u> )		_	
The Articles of Organization for this Limited Liability Company Florida document number L18000040359	were filed on	FEBRUARY 14,	2018	_ and	assigned	
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," th	e designation "LLC"	" or the abbre	viation	"L.L.C."	
Enter new principal offices address, if applicable:			<del></del>			·
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	27		•
			7 × (97 7 × (97	23mm;		
Enter new mailing address, if applicable:			200 A	27	Etachart Sarzan	eth.
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		\$5 g/a	至	CARPINE 4	
r new mailing address, if applicable:  ling address MAY BE A POST OFFICE BOX)  f amending the registered agent and/or registered office address on our records, enter the name of the name	<u>—</u>					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		on our records	s, <u>enter the</u>	e nan	ne of the	<u>e nev</u>
Name of New Registered Agent:						_
New Registered Office Address:	Enter i	Florida street address	<u> </u>			
		Fiz	orida			
<del></del>	City	, ru		Zip Co	de	
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 amonding 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>	Name	<u>Address</u>	Type of Action
AMBR	DAVID G. WEBER	313 ASTOR DR.	■ Add
		SAYVILLE, NY 11782	□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
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			Remove
			Change
			ALL ALL
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fective date, if other than the effective date is listed, the date mote: If the date inserted in this locument's effective date on the locument specifies a delayer The 90th day after the re	ust be specific and cannot be prior block does not meet the appli Department of State's records and effective date, but no	cable statutory filing req s.	uirements, this date	g.) Pursuant to o e will not be l	isted a
APRIL 23	2018				
Ahur)	I Breche	<u>y</u>			٠.
/	Signature of a member or aut	norized representative of a	nember		
ROBERT G. BRUEC					1946: 2:
	Typed or prin	ted name of signee		27	lane.
	Рас	e 3 of 3		<b>5</b>	

Filing Fee: \$25.00