Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future $\stackrel{\searrow}{\sim}$ annual report mailings. Enter only one email address please.

Email	Address:			
tmai L	Address:			



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOSEPH'S MEDICAL SERVICES LLC

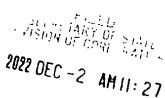
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Joseph's Medical Services LLC (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000212928</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company "the decignation "LLC" or the abbreviation "LLC"		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1425 Viscaya Parkway suite 100 Cape Coral FL 33990		
Trincipal appee duares, most bl A STREET ADDRESS,			
Enter new mailing address, if applicable:	1425 Viscaya Parkway suite 100		
(Mailing address MAY BE A POST OFFICE BOX)	Cape Coral FL 33990		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere		
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 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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			⊡Change
			□Add
			□Remove
			□Change
			Remove
			□Change
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			☐ Change
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		,	□Remove
			□Change

If amending any other information, ente					<u>*************************************</u>
					
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4,11					
Effective date, if other than the date of fill an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department.	iot meet the applica	o date of filing or mobile statutory filing	re than 90 days aft	t ional) er filing.) Pursuan iis date will not	at to 605.0207 (3) be listed as the
ne record specifies a delayed effective date, but ord is filed.	t not an effective tin	ne, at 12:01 a.m. c	n the earlier of: ((b) The 90th d	ay after the
Dated December 2		·			
Signature (of a member or author	rized representative	of a member	100110	
Morgan Noble					

Filing Fee: \$25.00