

L18 000 213 494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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JAN 14 2020  
S. YOUNG

19 OCT 15 14 30 17

11:30 AM



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PROGRESSIVE PHYSICIANS OF SOUTH FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
19 DEC 14 PM 7:17

The Articles of Organization for this Limited Liability Company were filed on 09/07/2018 and assigned  
Florida document number L18000213494.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PROGRESSIVE PHYSICIANS GROUP, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

9600 W SAMPLE RD

**(Principal office address MUST BE A STREET ADDRESS)**

SUITE 200

CORAL SPRINGS, FL 33065

**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:**

Name of New Registered Agent: DAVID B FINK, DO

New Registered Office Address: 9600 W SAMPLE RD, SUITE 200

*Enter Florida street address*

CORAL SPRINGS, **Florida** 33065

*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 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>	<u>Type of Action</u>
MGR	LISA FEILER	9836 NW 48TH CT	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID B FINK, DO	306 NW 110TH TER	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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