

L19000005643

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R. WHITE  
APR 11 2019

2019 APR 20 PM 4:06  
FBI  
FALL RIVER, MA

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRICOUNTY HEALTH 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:

MOHIT KUMAR

\_\_\_\_\_  
Name of Person

CPAS, TAXES & ASSOCIATES PC

\_\_\_\_\_  
Firm/Company

303 FIFTH AVENUE, SUITE 1205

\_\_\_\_\_  
Address

NEW YORK, NY 10016

\_\_\_\_\_  
City/State and Zip Code

MOHIT@CPASANDTAXES.COM

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

For further information concerning this matter, please call:

MOHIT KUMAR, CPA

212 684-2727  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

TRICOUNTY HEALTH LLC

2019 MAR 20 PM 4:06

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

CLERK OF CIRCUIT COURT  
JACKSONVILLE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/03/2019 and assigned  
Florida document number L19000005643.

This amendment is submitted to amend the following:

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

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:  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

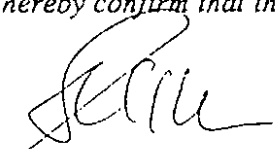
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: CARDIAC AND VASCULAR CONSULTANTS M.D., P.A.  
New Registered Office Address: 1050 OLD CAMP ROAD  
*Enter Florida street address*  
THE VILLAGES, Florida 32162  
*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>
AMBR	CARDIAC AND VASCULAR CONSULTANTS M.D., P.A.	1050 OLD CAMP ROAD THE VILLAGES, FL 32162	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHRINKANTH UPADYA		<input type="checkbox"/> Add
		5640 SPINNAKER LOOP LADY LAKE, FL 32159	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VISHNU YELAMANCHI		<input type="checkbox"/> Add
		400 LAKE POINTE BLVD MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 4/8/2019,

Handwritten signature of a member or authorized representative.

Signature of a member or authorized representative of a member

Surikanti P. Y. Chaudhary

Typed or printed name of signee