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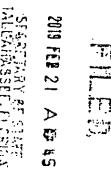
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TO Whom It Loncorns,

Enclosed is an ammendment for alling a MGR to the FL LLC Envision Primary Healthcare. Payment of 1805 is enclosed.

If any problems or grestions please contact me.

Sincerely,

Meredith Lewis cell 904-414-0753

COVER LETTER

TO: Registration Section Division of Corporation		
SUBJECT: ENV	ision Primary Healthoure LLC	
	Name of Limited Liability Company	
The enclosed Articles of Art	mendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Meredity Lewis	
	Name of Person	
	Envision Primary Healthcare LLC Firm/Company	
	Firm/Company	
	12289 Hood Landing Rd Address	
	Address	
	VacKsonville, FL 32258 City/State and Zip Code	
-	E-mail address: (to be used for future annual report notification)	
For further information conc	cerning this matter, please call:	
Meredita 1	Lewis 2,904,414-0753	
Name of Pe	erson at (904) 414 - 07(3) Area Code Daytime Telephone Number	
England is a sheet feeth -	fallouing amount:	
Enclosed is a check for the f	-	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Envision	Primary HealthEather ELC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company) 2019 FEB 21 A B 45
The Articles of Organization for this Limited Liab	ility Company were filed on SISSEL FLORIUM and assigned INLENTABSEL FLORIUM
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicab	le:
Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
•	Circ Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hargaret Mosher	1106 Acosta St Jacksonville, FL 32204	Add
		Jacksonville, FL 32204	Remove
			Change
		 	Add
			Remove
			☐ Change
			C Add
			Remove
			Change
			🗀 Add
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			□ Remove
			Change
		<u> </u>	🗆 Add
			Remove
			_□ Change

_ . .

. 11 amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	February 12 2019 Mulduly Ucon Signature of a member or authorized representative of a member
	Muldly len
	Signature of a member or authorized representative of a member
	Meredith UWIS Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00