# L1900056608

(Re	questor's Name)	
(	,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



11/16/20+-01029+-019 \*\*60.

2020 NOV 16 AH 10: 58



## TO: Registration Section Division of Corporations

Horizon Family Medical Practice LLC

SUBJECT: \_

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:

Merrel Chang

Name of Person

Horizon Family Medical Practice LLC

Firm/Company

1236 Royal Palm Beach Blvd.

Address

Royal Palm Beach, FL 33411

City/State and Zip Code

horizonfmp@gmail.com

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

For further information concerning this matter, please call:

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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# TO ARTICLES OF ORGANIZATION OF

Horizon Family Medical Practice LLC

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

The Articles of Organization for this Limited Liability Company were filed on March 6, 2019 and assig

Florida document number <u>L19000056608</u>

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.

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)	1236 Royal Palm Beach Blvd.		
	Royal Palm Beach, FL 33411		
		=	
		<u> </u>	
	1236 Royal Palm Beach Blvd.	AH D	
	Royal Palm Beach, FL 33411		
The many many second second second second		- <del>0</del>	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> agent and/or the new registered office address here:

Name of New Registered Agent:	Merrel Chang	<u> </u>
New Registered Office Address:	1236 Royal Palm Beach Blvd.	
······································	Enter Florida street address	
	Royal Palm Beach	, 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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.

Adam	
If Changing Registered Agent.	Signature of New Registered Agent
	$\langle \rangle$

#### or removed from our records:

## MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of .
MGR/AM	Merrel Chang	1236 Royal Palm Beach Blvd.	🗆 Add
		Royal Palm Beach, FL 33411	
MGR/AN	Beverley West	1236 Royal Palm Beach Blvd.	🖸 Add
		Royal Palm Beach, FL 33411	
			2020 Chani
MGR/AM	Lecia James	1236 Royal Palm Beach Blvd.	
		Royal Palm Beach, FL 33411	
			المعادي ا
MGR/AM	Anthony Perrin	1236 Royal Palm Beach Blvd.	🖬 Add
		Royal Palm Beach, FL 33411	□ Remo
			□Chang
		<u></u>	🗆 Add
			<b>🗆 Rem</b> o
		······································	Chang
			🖸 Add
			🗆 Remo
			🗆 Chang

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

. .

~
0
<u> </u>
0
~
5
· · · · · · · · · · · · · · · · · · ·
" Qi j
,¥i. []
=
· ••
<u>сл</u>
<u>v</u>
 <u> </u>
 Q
 Q
 Q
 <u>.</u>
 Q
 <u> </u>
2020 NO! 16 AH IN: 59

# 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 605.0 <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 record is filed.

Dated		
	Signature of a member or a thorized representative of a member	
Merrel Chang		

Typed or printed name of signee

Filing Equ: \$25.00