



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000145134 3)))



H190001451343ASC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
MAY 1 2019  
11:02 AM

2019 MAY - 1 AM 11:02

APPROVED  
AND  
FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ON-POINT MEDICAL ALLIANCE L.L.C.**

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

96-6-01 11:02 AM

Electronic Filing Menu

Corporate Filing Menu

Help

T GLASS

MAY 02 2019

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

On-Point Medical Alliance 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 03/19/2019 and assigned Florida document number L16000070627.

This amendment is submitted to amend the following:

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

N/A

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)

5637 Superior Ave.

Suite A

Sarasota, FL 34231

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5637 Superior Ave.

Suite A

Sarasota, FL 34231

**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:

New Registered Office Address:

change of address.

6637 Superior Ave suite A

Enter Florida street address

Sarasota

City

Florida

34231

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

Ambr	change of address	6637 Superior Ave suite A Sarasota, FL 34231	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
------	-------------------	--	---

Ambr	change of address	6637 Superior Ave suite A Sarasota, FL 34231	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
------	-------------------	--	---

APPROVED  
AND  
FILED  
MAY - 1 19  
AM 11:02

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

APPROVED  
AND  
FILED

2019 MAY - 11:02 AM

100

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

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 April 29, 2019

Henry Garcia

Signature of a member or authorized representative of a member

Henry Garcia

Typed or printed name of signee