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SECRETARY OF STATE
ANALYSEE FLORIDA

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### **COVER LETTER**

TO: Registration Sect Division of Corpo		<b>.</b>	
SUBJECT: Prima	RY CAREGI Name of Lim	VER SUPORT ited Liability Company	MANAGEMENT
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	MAR	ie Holloman Name of Person	
		Firm/Company	
	335_E	· Girlon Bh	10,#1497
		BEACH FL City/State and Zip/Code	
	MARIE4 E-mail address: (	12008@ Live. to be used for future annual report notifi	CoM
For further information con	cerning this matter, please ca	all:	
MARIE H	olloman erson		3-6178 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

TRIMARY CARE M	Rovider	Soffor	I MANI	AGEMENI
(Yame of the Limited Liabil	lity Company as it now la Limited Liability Corr	appears on our reco pany)	ords.)	(l
The Articles of Organization for this Limited Liability of Florida document number <u>L19000874</u>	Company were filed	on 3/29/	12019	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lime PRIMARY CAREGINER SURTHER THE NEW NAME OF	PPORT MA	MAGEM		LC tion "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)		SEC	<u></u>
			AHASSE AHASSE	<b>A</b> PR : ☐
Enter new mailing address, if applicable:			m <sub>e</sub>	<b>→</b> m—
(Mailing address MAY BE A POST OFFICE BOX)				
			<del>5</del>	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office add		ss on our recor	ds, <u>enter the r</u>	name of the new
Name of New Registered Agent:				
New Registered Office Address:				
New Neglistered Office Address.	Ent	er Florida street addr	"e.c.c	
		. I	Florida	
	City	,	Zip	Code
New Registered Agent's Signature, if changing Registere	d Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performan gent as provided fo ed office address, I	ce of my duties, i r in Chapter 605	and I am familion, F.S. Or, if this	ar with and s document is

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00