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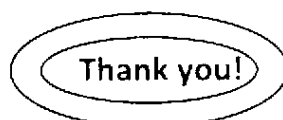
Name:	Zephyrhills Primary Care Associates LLC
Document #:	
Order #:	14515864

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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	PCA TOPCO, LLC	3030 N. ROCKY POINT DR.	<input checked="" type="checkbox"/> Add
		SUITE 825	<input type="checkbox"/> Remove
		Tampa, FL 33607	<input type="checkbox"/> Change
MGR	NAIK, RAJANKUMAR	3030 N. ROCKY POINT DR.	<input type="checkbox"/> Add
		SUITE 825	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33607	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.)*

Article IV of the Articles of Organization of the Limited Liability Company is hereby amended to read as follows:

"The Limited Liability Company shall be a member-managed limited liability company."

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 August 29, 2022

/s/ Thomas Whytas

Signature of a member or authorized representative of a member

Thomas Whytas, Authorized Representative

Typed or printed name of signee