

L19000116930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

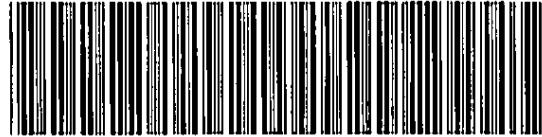
(Business Entity Name)

(Document Number)

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05/03/19--01005--015 1425.00

FILED  
2019 MAY -9 PM 1:22  
COSTA MOUNTAIN

C. GOLDEN

MAY 20 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bare Minimum , LLC

\_\_\_\_\_  
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:

Yadira Pereiro

\_\_\_\_\_  
Name of Person

John G. Vega, PA

\_\_\_\_\_  
Firm/Company

2666 Airport Road South

\_\_\_\_\_  
Address

Naples, FL 34112

\_\_\_\_\_  
City/State and Zip Code

vegaoffice@gate.net

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

For further information concerning this matter, please call:

Yadira Pereiro

239 659-3251  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**FILED**

2019 MAY -9 PM 1:22

Bare Minimum LLC

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

FILED  
MAY -9 2019  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/30/19 and assigned  
Florida document number L19000116930.

This amendment is submitted to amend the following:

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

Premier Medical Concierge LLC

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:

26800 South Tamiami Trail

(Principal office address MUST BE A STREET ADDRESS)

Bonita Springs, FL 34134

Enter new mailing address, if applicable:

13527 Coronado Dr

(Mailing address MAY BE A POST OFFICE BOX)

Naples, FL 34109

**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:

Enter Florida street address

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 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

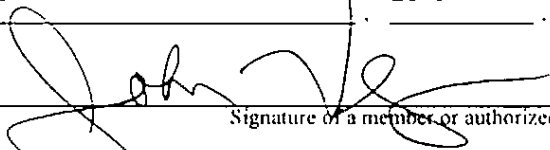
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John G. Vega	2666 Airport Road South, Naples, F 34112	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph Bandeira, MD	13527 Coronado DR, Naples, FL 34109	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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)

(b) The 90th day after the record is filed.

78 \_\_\_\_\_ 2019 \_\_\_\_\_

 \_\_\_\_\_

Signature of a member or authorized representative of a member

John G. Vega

\_\_\_\_\_  
Typed or printed name of signee