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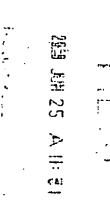
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THE ESTRESSY.

TO: Registration Section Division of Corporations	
SUBJECT: Fringly race solutions Medical Center, UE  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:	
Name of Person	
Company core solutions Hedreal contess	
P. O. BOX 3935	
Boyton Beach Fly 33424 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
NICOLE & Thomas at (561) (33 - 487)  Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status &

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 ORGANIZATION OF

Primary care Solutions medical cer	iters, LLC		
(Name of the Limite	ed Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Li Florida document number	ability Company were filed on	06/032 <b>910</b> 14 25 A H	nd assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company	here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," tl	ne designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u> BOX)		
B. If amending the registered agent and/oregistered agent and/or the new registered of		on our records, enter the n	name of ti
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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Ac
MGR	Nicole B. Thomas	8017 Tangelo Dτ Boyton beach FL 33436	
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	06/20/2019
ated	<u> </u>
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Jn C. Succes
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00