

L19000161531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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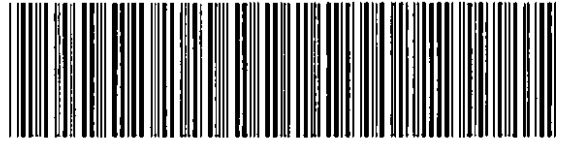
(Business Entity Name)

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19 SEP 26 2:13:53

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T GLASS

SEP 27 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 934922 7385716

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$25.00

ORDER DATE : September 25, 2019

ORDER TIME : 10:19 AM

ORDER NO. : 934922-005

CUSTOMER NO: 7385716

DOMESTIC AMENDMENT FILING

NAME: HOPCO SOUTHEAST SPECIALTY CARE  
NETWORK, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: \_\_\_\_\_

2019 SEP 26 PM 12:46

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HOPCo Southeast Specialty Care Network, 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:

Melissa Rechlicz

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

Perkins Coie LLP

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

131 S. Dearborn Street, Suite 1700

\_\_\_\_\_  
Address

Chicago, IL 60603

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

mrechlicz@perkinscoie.com

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

For further information concerning this matter, please call:

Melissa Rechlicz

312

324-8413

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HOPCo Southeast Specialty Care Network, 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 June 28, 2019 and assigned  
Florida document number L19000161531.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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	David Jacofsky	18444 N. 25th Avenue, Suite 320 Phoenix, AZ 85023	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jason Scalise	18444 N. 25th Avenue, Suite 320 Phoenix, AZ 85023	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Peter Slate	18444 N. 25th Avenue, Suite 320 Phoenix, AZ 85023	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bryan Wall	18444 N. 25th Avenue, Suite 320 Phoenix, AZ 85023	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gavan Duffy	6500 Bowden Road, Suite 103 Jacksonville, FL 32216	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brett Puckett	6500 Bowden Road, Suite 103 Jacksonville, FL 32216	<input checked="" 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.)

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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

9/3

2019

Signature of a member or authorized representative of a member

DAVID JACOFSKY

Typed or printed name of signee

Additional Authorized Persons authorized to manage HOPCo Southeast Specialty Care Network, LLC:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Hurford	6500 Bowden Road, Suite 103 Jacksonville, FL 32216	New
MGR	John Redmond	6500 Bowden Road, Suite 103 Jacksonville, FL 32216	New
AMBR	HOPCo Management Florida, LLC	18444 N. 25th Avenue, Suite 320 Phoenix, AZ 85023	New
AMBR	Southeast Orthopedic Specialists, Inc.	6500 Bowden Road, Suite 103 Jacksonville, FL 32216	Remove

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