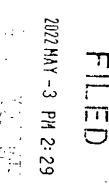
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C. BRUMBLEY
JUN 2 8 2022

## **COVER LETTER**

TO:

Registration Section

rporations					
MEDICAL CLINIC HOMESTI	EAD LLC				
Name of Lim	ited Liability Company	<del></del>			
f Amendment and fee(s) are sub	mitted for filing.				
ondence concerning this matter	to the following:				
ALBERT GONZALEZ					
	Name of Person				
AGG P.A.					
· <u> </u>	Firm/Company				
8522 SW 133 AVE					
<del> </del>	Address				
MIAMI, FL 33183					
	City/State and Zip Code	<del></del>			
_		ification)			
ALBERT GONZALEZ					
Name of Person		ne Telephone Number			
the following amount:					
☐ \$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)			
<u>ess:</u> Section	Street Address: Registration Se	ection			
Registration Section Division of Corporations		Division of Corporations			
27 FL 32314		Fallahassee oe Street, Suite 810			
	MEDICAL CLINIC HOMESTINAME of Lim  Name of Lim  f Amendment and fee(s) are subsondence concerning this matter  ALBERT GONZALEZ  AGG P.A.  8522 SW 133 AVE  MIAMI. FL 33183  CONTACT@AGGPA.COME-mail address: Concerning this matter, please concerning this matter, please concerning this matter of Status  Section  Corporations	MEDICAL CLINIC HOMESTEAD LLC  Name of Limited Liability Company  f Amendment and fee(s) are submitted for filing.  ondence concerning this matter to the following:  ALBERT GONZALEZ  Name of Person  AGG P.A.  Firm/Company  8522 SW 133 AVE  Address  MIAMI. Fl. 33183  City/State and Zip Code  CONTACT@AGGPA.COM  E-mail address: (to be used for future annual report not concerning this matter, please call:  3			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### FAMILY MEDICAL CLINIC HOMESTEAD 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  $\frac{12/26/2019}{1}$ and assigned Florida document number L20000005105 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FAMILY MEDICAL GROUP HOMESTEAD LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: *:*: N/A Name of New Registered Agent:

### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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>	Address	Type of Action
N/A			□Add
			□Remove
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ecord specifies a delayed effecti is filed.	ive date, but not	an effective tir	ne, at 12:01 a.m.	on the earlier	of: (b) The s	90th day after the
APRIL 28		2022				
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Filing Fee: \$25.00