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PICK UP: 01/30/2023

- ☐ **CERTIFIED COPY** _____
- XX** **PHOTOCOPY** _____
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- XX** **FILING** LLC AMEND _____

1. PRIMARY CARE DR Z PLLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIMARY CARE DR. Z PLLC

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:

MAX ADAMS

Name of Person

THE MEDI LAW FIRM

Firm/Company

4929 SW 74TH CT

Address

MIAMI FL 33155

City/State and Zip Code

EVELYN@THEMEDI.LAWFIRM.COM

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

For further information concerning this matter, please call:

MAX ADAMS

305 444-3484
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

PRIMARY CARE DR. Z PLLC

(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 1/28/2020 and assigned
Florida document number 120000034768.

This amendment is submitted to amend the following:

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

PRIMARY CARE DR. Z, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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

City

Florida

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Acti</u>
MBR	MANUEL A. ZELAYA MENESES	33049 PROFESSIONAL DR #103	<input checked="" type="checkbox"/> Add
		LEESBURG, FL, 34788	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	CELIA ARAGON DE ZELAYA	33049 PROFESSIONAL DR #103	<input checked="" type="checkbox"/> Add
		LEESBURG, FL 34788	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	MIRTHIA LORENA ZELAYA	33049 PROFESSIONAL DR #103	<input checked="" type="checkbox"/> Add
		LEESBURG, FL, 34788	<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
			<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.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)(t)

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 _____

M. A. Adams

Signature of a member or authorized representative of a member

MAX ADAMS- AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fee: \$25.00