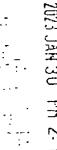
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WALK IN

	CERTIFIED COPY		
ХХ	РНОТОСОРУ		
	cus		
xx	FILING	LLC AMEND	
	PRIMARY CARE DR Z PLLC CORPORATE NAME AND DOCUM	ENT#)	
- (CORPORATE NAME AND DOCUM	ENT #)	
(CORPORATE NAME AND DOCUM	ENT #)	
- (CORPORATE NAME AND DOCUM	ENT#)	
(CORPORATE NAME AND DOCUM	ENT #)	
(CORPORATE NAME AND DOCUM	ENT #)	

COVER LETTER

TO: Registration S Division of Co			
PRIMARY SUBJECT:	CARE DR. Z PLLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suf	bmitted for filing.	
Please return all correspondent	ondence 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@THEMEDILA		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
MAX ADAMS		305 444-3484	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration S		Street Address:	ation
Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

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 appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
PRIMARY CARE DR. Z, 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:	202
Principal office address MUST BE A STREET ADDRESS)	
	
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	-: 2:
	9
S. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	records, enter the name of the new register
	orida street address
	Modela
City	, Florida

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>	Address	Type of Act
MBR	MANUEL A. ZELAYA MENESE\$	33049 PROFESSIONAL DR #103	= Add
		LEESBURG, FL, 34788	□Remove
			Change
MBR ·······	CELIA ARAGON DE ZELAYA	33049 PROFESSIONAL DR #103	≣ Add
		LEESBURG, FL 34788	[]Remove
			[]Change
MBR	MIRTHA LORENA ZELAYA	33049 PROFESSIONAL DR #103	≅ Add
		LEESBURG, FL, 34788	
			□Change
 -			□Add
			□Remove
			Cl Change
			🗆 Add
			□Remove
			Change
			□Add
			[]Remove
			Change

k ffect	tive date if other than the date of filling.
Minte.	tive date, if other than the date of filing:
ie reco ord is fi	rd 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 filed.
Dated	
	Ma all
	Signature of a member or authorized representative of a member
	MAX ADAMS- AUTHORIZED REPRESENTATIVE
	Typed or printed name of signee

Filing Fee: \$25.00