

L20000198239

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Jul 20, 2021 08:00 AM
Secretary of State

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW PORT RICHEY PRIMARY CARE ASSOCIATES, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW PORT RICHEY PRIMARY CARE ASSOCIATES, 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 07/10/2020 and assigned Florida document number L20000198239.

This amendment is submitted to amend the following:

FILED Jul 20, 2021 08:00 AM Secretary of State

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 "LLC" or the ab

Enter new principal offices address, if applicable:

3030 N. Rocky Point Dr.

(Principal office address MUST BE A STREET ADDRESS)

Suite 825

Tampa, FL 33607

Enter new mailing address, if applicable:

3030 N. Rocky Point Dr.

(Mailing address MAY BE A POST OFFICE BOX)

Suite 825

Tampa, FL 33607

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: C T Corporation System

New Registered Office Address: 1200 Pine Island Rd.

Enter Florida street address

Plantation

Florida

33324

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.

Handwritten signature of Donna Peterson-Riggs

Donna Peterson-Riggs, Asst. Secretary

If Changing Registered Agent, Signature of New Registered Agent

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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	Paul M. Pulcini	6101 Webb Rd., Suite 203	<input type="checkbox"/> Add
		Tampa, FL 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gladymar Vrkic	6101 Webb Rd., Suite 203	<input type="checkbox"/> Add
		Tampa, FL 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rajankumar Naik	3030 N. Rocky Point Dr., Ste. 825	<input type="checkbox"/> Add
		Tampa, FL 33607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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