

7/20/2021

Division of Corporations

L200000333011

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WILDWOOD PRIMARY CARE ASSOCIATES LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILDWOOD 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 10/20/2020 and assigned Florida document number L20000333011.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3030 N. Rocky Point Dr

Suite 825

Tampa, FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3030 N. Rocky Point Dr.

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

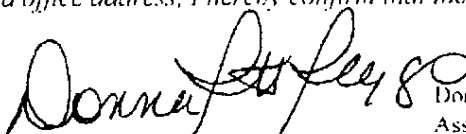
City

Florida 33324

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.



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>
AMBR	Paul M. Pulcini	6101 Webb Rd , Suite 203	☐ Add
		Tampa, FL 33615	☐ Remove
			☐ Change
AMBR	Gladymar Vrkic	6101 Webb Rd., Suite 203	☐ Add
		Tampa, FL 33615	☐ Remove
			☐ Change
MGR	Rajankumar Naik	3030 N Rocky Point Dr , Ste. 825	☐ Add
		Tampa, FL 33607	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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12. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SOUTHERD DISTRICT OF CALIFORNIA
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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

July 19, 2021

Dated _____

- DocuSigned By:

Thomas Wheaton

'C9177:K32334CB

Signature of a member or authorized representative of a member

Thomas Whytas, Authorized Representative

Typed or printed name of signee