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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		05/18/21 TM



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03/29/21--01021--003 **25.00

Office Use Only

COVER LETTER

SUBJECT: DE	dicated Prima	in Care, PLLC.			
300,7.2.1.	Name of Limi	ted Iliability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
	Dedicat		PLLC		
		SE 50th Terrace			
		Ocala, FL 34480 City/State and Zip Code			
	E-mail address: (t	o be used for future annual report notifica	ition)		
For further information c	oncerning this matter, please ca	ili:			
	Ramasco	at (352) 362- (Area Code Daytime To	0550 elephone Number		
Enclosed is a check for the	he following amount:				
№ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Registration S	Section	Registration Section Division of Corpo	rations		
P.O. Box 632		The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

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			PM		

Dedicate (Name of the Limited	d Prima	ry Care, PL ny sis it now appears on or inability Company)	LC ur records.)		
The Articles of Organization for this Limited Liab Florida document number	bility Company 5283_	were filed on2/	12/21	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designat	ion "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:		3035 SE Maricamp Rd #104-244			
(Principal office address MUST BE A STREET	ADDRESS)	Ciala, FL 34	471 US		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	3035 SE Mar Ocala, FL 34	ricamp Rd = 471 US	±104-244	
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on our record	s, <u>enter the nam</u>	e of the new registered	
Name of New Registered Agent:	Yasmir	n Ramasco			
New Registered Office Address:	3035 SE 1	Maricamp Rd = Enter Florida str	#104-244 cet address		
	<u>Ocal</u>	. Q	Florida	34471 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 added or removed from our records:

MGR = Manager

MGR = Manager AMBR = Authorized Member

21 HAR 29 PH 4: 15

<u>Title</u>	Name	Address	Type of Action
AR	Yasmin Ramasco	1810 SE 50th Terrace	🗆 Add
		Oca 4, FL 34480 US	X Remove
			□Change
AMBR	Yasmin Ramasco	3035 SE Maricamp Rd #104-244	🖾 Add
		Orala, FL 34471 US	□Remove
		<u></u>	□Change
AR	Drew Ramasco Jr.	1810 SE 50th Terrare	□Add
		Ocala, FL 34480 US	\ Remove
			□Change
AR	Drew Ramasco Jr.	3035 SE Maricamp Rd #104-244	⊠ Add
		Ocala, FL 34480 US	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

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n effective date is listed, to te: If the date inserte	r than the date of filithe the date must be specific and in this block does not the on the Department of	nd cannot be prior to meet the applical	date of filing or mobile statutory filing	(optio re than 90 days after t requirements, this	iling.) Pursuant to 6	605.0207 isted as
ecord specifies a delay is filed.	ed effective date, but no	ot an effective tim	ne, at 12:01 a.m. oi	n the earlier of: (b)	The 90th day a	fter the
ned <u>March</u>	22 / 1/1	(1/02/21/	_· _·			
	1 ////		1 <i>01)</i>			
	Signature of	Corember or author	ized representative of	f a member		

Filing Fee: \$25.00