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HALLAHASSEE, FLORIDA

S. PRATHER

COVER LETTER

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TO: Registration S Division of Co			
SUBJECT: J	Slue Conciera	e Medicine LLC	_
	Name of Li	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sui	bmitted for filing.	
		·	
	Reloe	ecca Miknaitis	
		Firm/Company	
	13550	Brynwood Lang	<u> </u>
	Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. All correspondence concerning this matter to the following: Rebecca Miknaits Name of Person Firm/Company 13550 Brynwood Lane Oddress Ft Myers FL 33712 City/State and Zip Code BlueConcit/gemedicine gmail.com E-mail address. (to be used for future annual report notification) ormation concerning this matter, please call: Ca Miknaits Name of Person at (239, 980 - 6186 Area Code Daytime Telephone Number theck for the following amount: ing Fee Solo.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations Box 6327 The Centre of Tallahassee		
	Division of Corporations CT: Bure Concierge Medicine LLC Name of Emited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Rebecca Mknaits Name of Person FimvCompany 13550 Bryncood Lane Caddress Ff Myers FL 337(2 City/State and Zip Code Bulle Concierge Medicine Egmail.com E-mail address. (to be used for future annual report notification) eter information concerning this matter, please call: at (239, 980 - 6186 Daytime Telephone Number Tis a check for the following amount: Of Filing Fee Scittificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
For further information c			
	liknaitis	at (239) 980-	6186
Name	reison	Area Code Daytin	te Telephone Number
Enclosed is a check for the	he following amount		
\$625.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		" '	ction
Division of C	orporations		
		The Centre of T	allahassee
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

BLUE CONCIERGE MEDICINE LLC		1021 1021
(<u>Name of the Limited Liab</u> (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	M21 HAY
The Articles of Organization for this Limited Liability	Company were filed on 02/19/2021	and assigned
Florida document number <u>L21000084155</u>	<u></u> .	75 3
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, enter the na :	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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.

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>	Address	Type of Action
MGR	Rebecca Miknaitis	13300-56 S CLEVELAND AVE #605	■Add
		FF MYERS, FL 33912	□Remove
			☐ Change
AMBR	Rachael Butters	13300-56 S CLEVELAND A VE #605	■Add
		FT MYERS, FL 33912	□Remove
			□Change
			🗀 Add
			□ Remove
			□Change
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			□Add
			Remove
			Change

Ciffective date, if other than the date of filing: 5/3/21 (optional) Fan effective date is fisted, the date must be specific and cannot be prior to date of filing or more than '01 days after filing.) Parsuant to 6(5.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records records pecifies a delayed effective date, but not an effective time, at 12-01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated 5/3/21 No:59an Signature of a member or authorized representative of a member		ding any other information, enter change(s) here: (Attach additional sheets, if nee		
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