## 121000093165

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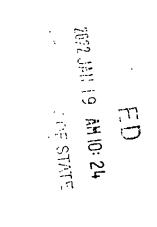


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## **COVER LETTER**

	Registration Sed Division of Corp						
SUBJEC		MEDICAL PHYSICIANS, LI	LC.				
		Name of Limited Liability Company					
The enck	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspoi	ndence concerning this matter	to the following:				
		CARLOS H. ARCE, ESQ.					
			Name of Person				
			Firm'Company				
		7050 TAFT STREET					
		Address					
		HOLLYWOOD, FL 33024	ı				
		City/State and Zip Code					
		CARCE@PRIMARYMEDPHYSICIANS.COM					
		E-mail address: (	to be used for future annual report ne	otification)			
For furth	er information co	oncerning this matter, please co	ill:				
CARLOS	S H. ARCE		954 399-9014 at ( )				
	Name of	Person	Area Code Dayti	me Telephone Number			
Enclosed	is a check for th	e following amount:					
<b>■</b> \$25.0	90 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address	<u>s:</u>	Street Address:				

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIMARY MEDICAL PHYSICIANS, ELC. (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 02/18/2021 and assigned Florida document number L21000093165 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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
AMBR	ARCE, CARLOS H	7050 TAFT STREET, HOLLYWOOD, FL 33024	🗆 Add
			□Remove
AMBR	BERENGUER, RAMON A, MD	7050 TAFT STREET, HOLLYWOOD, FL 33024	□Add
			□Remove
			Change
MGR	CHAMOUN, ROBBIE	1 NE 167TH STREET, NORTH MIAMI BEACH,	<b>=</b> Add
		FL 33162	□Remove
			□Change
MGR	MOR, EDDIE	15381 SW 25TH STREET, DAVIE, FL 33326	<b>=</b> Adđ
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Channa

•	
•	
•	<del></del>
Note:	ve date, if other than the date of filing:
he recor	I 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 ed.
Dated	JANUARY 11 2022
	Signature of a member or authorized representative of a member
	g

Filing Fee: \$25.00