

L21000163936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

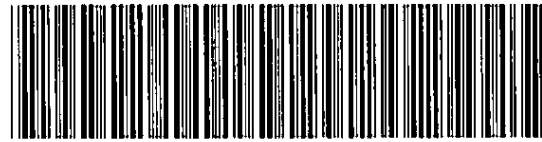
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED 1-1-01 11:01 AM \*\*25.00

2021 MAY 24 AM 11:46  
TALLAHASSEE, FLORIDA

15

## Forest Hill Medical Group, LLC

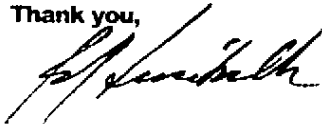
**To whom it may concern:**

**Please process the change and send acknowledgment to:**

**Forest Hill Medical Group, LLC  
2240 Woolbright Rd  
Suite 317  
Boynton Beach, FL 33426**

**Daytime telephone number: 561-200-0047**

**Thank you,**



**Richard Lucibella  
Managing Member**

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Change of Manager: Forest Hill Medical Group, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard J. Lucibella

\_\_\_\_\_  
Name of Person

Primus Health Network, LLC

\_\_\_\_\_  
Firm/Company

2240 Woolbright Rd Suite 317

\_\_\_\_\_  
Address

Boynton Beach, FL 33426

\_\_\_\_\_  
City/State and Zip Code

rich@lucibella.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard J. Lucibella

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

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**

FOREST HILL MEDICAL GROUP, 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 8 April 2021 and assigned  
Florida document number L21000163936.

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.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*

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 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NAIVE, LLC	2240 Woolbright Rd Ste 317	<input type="checkbox"/> Add
		Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VAINA LLC	2240 Woolbright Rd Ste 317	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED IN ACCORDANCE WITH FLA. STAT. § 607.01(2)(b)

2021 MAR 21 AM 11:16

2021 MAY 21 AM 11:46  
CELL 7000000  
VOLUME 10810A

2021 MAY 21 AM 11:46  
FALLS CHURCH, VIRGINIA

(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)

If the record 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 record is filed.

Dated 18 May 2021

*R. J. H. H. H. H.*  
Signature

Signature of a member or authorized representative of a member

Richard J. Lucibella

Typed or printed name of signee

**Filing Fee: \$25.00**