

L21000334444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

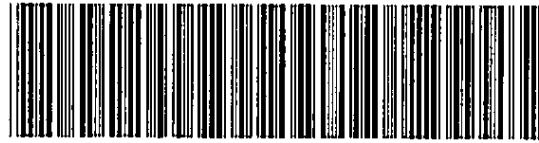
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/11/22--01015--005 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUL 25 PM 3:12

T. MATTHEWS

JUL 28 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUL 25 PM 12:55

SEC. 7
TALLAHASSEE, FL

July 11, 2022

JESSE A. PLANCE III
2828 S. SEACREST BLVD, SUITE #101
BOYTON BEACH, FL 33435

SUBJECT: BOYNTON PRIMARY CARE, LLC
Ref. Number: L21000334444

We have received your document for BOYNTON PRIMARY CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If amending authorized person(s) authorized to manage, you must enter the title of each person being added or removed from our records.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 822A00015383

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOYNTON PRIMARY CARE LLC, 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:

JESSE A. PLANCE III

Name of Person

BOYNTON PRIMARY CARE, LLC

Firm/Company

2828 S. SEACREST BLVD., SUITE #101

Address

BOYNTON BEACH, FL 33435

City/State and Zip Code

administrator@boyntonprimarycare.com

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

For further information concerning this matter, please call:

JESSE A. PLANCE III

561 736-1070
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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

BOYNTON PRIMARY CARE, LLC

22 JUL 25 PM 3: 12

(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 07/23/2021 and assigned
Florida document number L21000334444

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

_____, 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

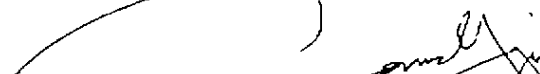
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JESSE A. PLANCE III	2828 S. SEACREST BLVD., SUITE 101	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL CONRAD ZAGUIRRE	2828 S. SEACREST BLVD, SUITE 101	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL 33435	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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 MAY 6 2022



Signature of a member or authorized representative of a member

MICHAEL CONRAD ZAGUIRRE

Typed or printed name of signee

Filing Fee: \$25.00