Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000229625 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<u>∉</u> Email	Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRIME MEDICARE PROVIDERS OF SOUTH FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

Electronic Filing Menu Corporate Filing Menu

Helpn 29 2023

۲.,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME MEDICARE PROVIDERS (Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
	the street of th			
The Articles of Organization for this Limited Lin				
Florida document number L23000297238	· ·	ar	nd assign	æd
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability company here			
PRIMARY CARE PROVIDERS OF SOUTH FLOR	RIDA LLC			
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or	Ab ab in		
Enter new principal offices add	And the designation LECT of	the abbreviation	on "L.L.C.	."
Enter new principal offices address, if applica				
(Principal office address MUST BE A STREET	(ADDRESS)			
		·		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE B			<del>-</del>	
			<del></del>	
B. If amending the registered agent and/or re-	gistered office address on our records, enter the	•	′ -	
gent and/or the new registered office address	here:	name of the		gister
			<b>C</b> 2 (2)	Ξ
Name of New Registered Agent:			<u> </u>	Œ
New Registered Office Address:		-		
The transfer of the Mantes.				

## 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.

City

Zip Code

Type of Action

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 = AMBR =	Manager  Authorized Member	
<u>Title</u>	<u>Name</u>	Address

·		□Add
		□ Веточе
		□Change
·		□Add
		[]Pamoun
	<del></del>	⊡Change :
<del> </del>	<del></del>	□Add
· · · · · · · · · · · · · · · · · · ·		Remove
		☐ Change
·		□Add
<u> </u>	***	□Remove
		[]Change
		'⊥-'Add
		□Яепкіуе
		□ Change
	<del></del>	□Add
		□Remove
···· ·	······	Change

···	
<del>_</del>	
	·
	<u> </u>
<del></del>	
ffective date, if other than the	date of filing: (optional)
anjellective date is listed, the date mus	st be specific and cannot be price to this of diling as many the part of the
ocument's effective date on the De	IONN UOCS DOLLINEEL IDE ADBRICADIE STATIOON FILIDO CERTURAMANTE ANTO ANTO ANTO ANTO LA LIGITA DE
regard specifies a delegad affection	to data him and an off oil oil oil on an an
is filed.	e date, but not an effective time, at \$2:01 a.m. on the earlier of: (b) The 90th day after the
JUNE 27	2023

Filing Fee: \$25.00

Typed or printed name of signee