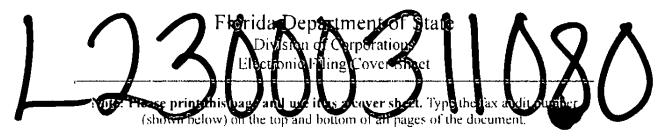
5/30/24, 2:32 PM

Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone

Fax Number : (323)389-0502

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

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M. SOLOMON

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TO: Registration S. Division of Co.		
BLOOM SUBJECT:	DIRECT PRIMARY CARE, PLLC	
30b3EC1.	Name of Limited Liability Company	K ,
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspondent	ondence concerning this matter to the following:	
	Cheyenne Moseley	
	Name of Person	
	Legalzoom.com, Inc.	
	Firm/Company	
	101 N Brand Blvd 11th Fl	SELRETARY TALL AHASS
	Address	金融 着
	Glendale, CA 91203	4884 7884 131
	City/State and Zip Code	707 3
	tylerspradlingdo@gmail.com	. STS
	E-mail address: (to be used for future annual report notification)	器 28
For further information	concerning this matter, please call:	
Cheyenne Moseley	800 773-0888 at ()	
Name o	of Person Area Code Daytime Telephone Number	
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MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLOOM DIRECT PRIMARY CARE, PLLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000311080</u>	were filed on 06/28/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8890 Terrene Ct., Suite 103	·
(Principal office address MUST BE A STREET ADDRESS)	Bonita Springs, FL 34135	20 20 20 20 20 20 20 20 20 20 20 20 20 20 2
		12 21 27 -
		建筑 A
Enter new mailing address, if applicable:	8890 Terrene Ct., Suite 103	
(Mailing address MAY BE A POST OFFICE BOX)	Bonita Springs, FL 34135	79 3
		28
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
How Acquisited 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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	ree to act in this capacity. I furth performance of my duties, and t provided for in Chapter 605, F.S	l am familiar with and S. Or, if this document is
being filed to merely reflect a change in the registered office company has heen notified in writing of this change.	address, I hereby confirm that t	ne limited liability
If Cha	nging Registered Agent, <u>Signature of N</u>	lew Registered Agent

To:

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Tyler J. Spradling		Add
			☐ Remove
		8890 Terrene Ct., Suite 103 Bonita Springs, FL 34135	■ Change
			Add
			Remove
			☐ Change
			
	•		Add St Critical HAY 31
			- Charge PM 2: 28
			☐ Remove
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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applications of State's records	able statutory filing requirements, this date will not be liste	
ne record specifies a delayed effective date, but no The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlie	er of:
Dated 3/1/2084, 202		
Signature of a member or and	ofized representative of a member	

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