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	Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

TO: Registration Sect Division of Corp			
SUBJECT: ATLAN	VTIC FAMILY M (Name of Li	NEDIC BL CENTER OF mited Liability Company)	- JACKSONVILLE, P.
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspon	adence concerning this matter	r to the following:	
	IRVING H.	Schwae To- Name of Person)	
ATLA	ANTIC FAMILY M	MEDICAL CENTER Firm/Company)	
<u>/3/√</u>	V ATLANTIC I	(Address)	
JA	CKSONVILLE, F	State and Zip Code)	SEP 29 F
For further information co	ncerning this matter, please o	all:	D = 15
TRUING	H. Schwarty (Name of Person)	at (561) 376 (Area Code & Daytim	•
Enclosed is a check for the fo	ollowing 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)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PTLANTIC FAMILY MEDICAL CENTER OF JACKSON VILLE, FL. P.L.
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on MARCh 15, 1999 and assigned document number 29900000572
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:
	DR. WILLIAM SCHWARTZ WAS PAPPOWTED AS ASSISTANT TREASURED OF This LIMITED LIMBILITY CORP.
	HASISTANT-TREASURER OF This LIMITED LIMBILITY CORP.
	ALLARA TO SECRETALIANA
	29 D
	表 5
Dated	SEPT. 8. 2004.
	Sugt of Selwant, Seay Trass.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00