7/9/2021



**Division of Corporations** Electronic Filing Cover Sheet

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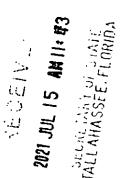
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAMA PHYSICIANS, LLC



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A. LUNT

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Help

From: Ranae McGraw

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear Lama Physicians, LLC	s on the records of the Florida Department of	
State:	105 SOUTH DIXIE DRIVE Suite 101 and Suit	ie 105
Enter new principal office address, if applicable:	HAINES CITY, FL 33844	_
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		– 2
	M2100000221	
2. The Florida document number of this limited lit	m2100000221 ability company is:	+   
. Delaware		-5 CASE
3. Jurisdiction of its organization:	707/2021	
4. Date authorized to do business in Florida:	0//2021	F STAT
SECTION II (5-9 complete only the applicable	changes)	OF STATE ORPORATIO
5. New name of the limited liability company: (mus	st contain "Limited Liability Company, " "L.L.C.," or "LL	7
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attainaging members adopting the alternate name. The alternat C." or "L.L.C.")	ich a e name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, <u>enter the name of the ne</u> address here:	<u>w</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	_
<del></del>	, Florida	_ <del></del>
the provisions of all statutes relative to the proper	egistered Agent; ent and agree to act in this capacity. I further agree to come r and complete performance of my dunes, and I am familia stered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the	iply with ir with
<u> </u>	Changing Registered Agent, Signature of New Registered	Agent

8. If the amendment c	hanges person, title or capacity in	accordance with 605,0902 (1)(e), in	dicate that change:
Title/ Capacity	Name	Address	Type of Action
			□Add
			DAdd ⊒
			SECRETARY VISION OF C
			OF STATE OR POR ATION
			□ Remove ₹
			□Add
			Remove
			□Add

Leslie Priyant

342544556-85456 anthorized representative
Leslie Prizant. Secretary and General Counsel Typed or printed name of signee

Filing Fee: \$25.00