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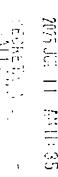
	(Requestor's Name)			
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	PICK-UP WAIT MAIL			
	(Business Entity Name)			
ŀ	(Document Number)			
	Certified Copies Certificates of Status			
	Special Instructions to Filing Officer:			





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## **COVER LETTER**

TO:

TO: Registration So Division of Cor					
CEDA OR' SUBJECT:	THOPEDICS & INTERVENT	IONAL MEDICINE OF HIALEAH	, L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARK CERECEDA				
Name of Person					
	815 NW 57 AVE, SUITE	405	<b>28</b> 7		
	······································	Address	75 A		
	MIAMI, FL 33126		TALE TO THE TENT OF THE TENT O		
		City/State and Zip Code			
	MARIO@MARIODELGA				
	E-mail address: (	to be used for future annual report notif	ication) . The		
For further information c	oncerning this matter, please c	all:	j ජ		
MARIO DELGADO		305 934-9192 at ( )			
Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for the	he 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 Addres Registration S		Street Address: Registration Sec	ction		
Division of C	Corporations	Division of Con	porations		
P.O. Box 632		The Centre of T			
Tallahassee.	FT. 37314	7415 N. Monroe	Street Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CEDA ORTHOPEDICS & INTERVENTIONAL MEDICINE OF HIALEAH, L.L.C. (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  $\frac{11/17/2009}{1}$ and assigned Florida document number L09000110901 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CEDA MEDICAL OF HIALEAH, LLC 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

## 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

Florida

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>	Name	Address	Type of Action
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other If an effective date is listed, Note: If the date inserte document's effective date	ed in this block does not	t meet the applical	o date of filing or more to ble statutory filing re	(optional) than 90 days after filing quirements, this date	) g.) Pursuant to 605.0207 e will not be listed as
e record specifies a delay rd is filed.	yed effective date, but no	ot an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b) T	he 90th day after the
Dated		2025	_•		
/.					
	Signature of	a member or author	ized representative of a	member	

Filing Fee: \$25.00