## 110000004197

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)	•		
	ty/State/Zip/Phone	ъ <del>т</del>		
(Cit	ty/State/Zip/Pilone	; <del>**</del> )		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
		•		
Special Instructions to Filing Officer:				
		•		

Office Use Only



500238109765

08/06/12--01025--007 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT:ST	AT Hospitalist LLC Name of Limited Liability Company	
The enclosed Articles of Amendmen  Please return all correspondence con-	•	
	Diana Rodriguez Name of Person	
	Firm/Company  HT1 Bird Road #107.  Address	
	Hiami, FL 33175  City/State and Zip Code	<b>2012</b> SE( TALL
For further information concerning the	E-mail address: (to be used for future annual report notification) this matter, please call:	2012 AUG -6 AH S
Aigna Rodrio Name of Person	at (786) 255-0346.  Area Code & Daytime Telephone Number	AM 9: 02  Y OF STATE SEE, FLORIDA
Enclosed is a check for the following \$25.00 Filing Fee \$30.00 Cert	0 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee trificate of Status Certified Copy Certificate (additional copy is enclosed)	of Status &
MAILING ADDR Registration Sectio Division of Corpor	on Registration Section	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	SPITALIST				
(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 Liab Florida document number	oility Company were fi	led on	Н	_ and ass	signed
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limited liability co	mpany here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liab	oility Company," the de	signation "LL	C" or the a	abbreviation
Enter new principal offices address, if applicab	ole:		•	Des.	22
(Principal office address MUST BE A STREET	ADDRESS)			- EC 2	2
				H A F	<u> </u>
				335	on i
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			·	25	<u> </u>
				플레	02
B. If amending the registered agent and/or registered agent and/or the new registered office		dress on our recor	ds, <u>enter the</u>	name o	of the new
Name of New Registered Agent:	- Diana F	Rodriguer	ر		
New Registered Office Address:	14471 Bird R	Enter Florida	diam'r E	55 55	USA
	Mami	^	Florida 3	33175	<b></b>
	City	,		Zip Code	?
New Registered Agent's Signature, if changing Re-	gistered 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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

٠. ٠.٠

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Cotelo LLC	G365 Collins Ave Apt. 1001 Miami Beach, FL 33141	Add Remove
<del></del>			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
	•		Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.	)
<u>N</u>	en Address for MCF	2M: Radiquez Torrecilla LL	<u>'C</u> .
		1447 Bud Road,#10	1
		Hiami, FL 33175	<del></del>
			<del></del>
Dated	Aug 15+ 2 . 20	12.	ZOIZ AUG SECRETA MLLAHAS
	- Qiana	or authorized representative of a member  or printed name of signee	SEE. THE
		Page 2 of 2	M 9: 02
	Tr.	iling Foot \$25.00	- 10