

L140000514F1

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALL FLORIDA TRANSPORT SYSTEM, LLC

Certificate of Status	0
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MAY 13 2016

Electronic Filing Menu

Corporate Filing Menu J SHIVERS Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

No. 0733 P. 2
H16000118380

ALL FLORIDA TRANSPORT SYSTEM, LLC
(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 03/28/2014 and assigned Florida document number L14000051481

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SOUTH FLORIDA MEDICAL NETWORK, 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:

HUGO MARTINEZ

New Registered Office Address:

7480 BIRD ROAD, STE 460

Enter Florida street address

MIAMI

Florida

33155

City

Zip Code

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.

Hugo Martinez
If Changing Registered Agent, Signature of New Registered Agent

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05/12/2016 15:39 3052201440

LAZARUS

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HUGO MARTINEZ	7480 BIRD ROAD SUITE 460 MIAMI, FL 33155	☒ Add ☐ Remove ☐ Change
MGR	JORGE L. VEGA	7480 BIRD ROAD SUITE 460 MIAMI, FL 33155	☐ Add ☒ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
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			☐ Add ☐ Remove ☐ Change

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05/12/2016 15:39 3052201440

LAZARUS

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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16 MAY 12 AM 8:15
SECRETARY OF STATE
ALLAHSSIE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 11, 2016

Hugo Martinez

Signature of a member or authorized representative of a member

HUGO MARTINEZ

Typed or printed name of signee

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