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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
ertified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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R. WHITE OCT 18 2019

COVER LETTER

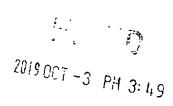
TO:	Registration Se Division of Cor					
614 1 PV 4 P		ELL SANITAS I, LLC				
SUBJE	ECT:		ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		CECILA LORENZO				
		SANITAS	Name of Person			
		8400 NW 33RD ST 201	Firm/Company			
		DORAL. FL 33122	Address			
		City/State and Zip Code CECILIA.LORENZO@MYSANITAS.COM				
		E-mail address: (to be used for future annual report notif	ication)		
For fur	ther information c	oncerning this matter, please c	all:			
CECIL	IA LORENZO		786 678-2541			
	Name o	f Person	at () Area Code Daytime	: Telephone Number		
Enclose	ed is a check for th	ne following amount:				
T \$25	5.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GUIDEWELL SANITAS I, LLC

(Name of the Limited Liability Company as it now appears on our records.)

TAT KING LITTING	rationary Company (
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L}14000132644}{\text{L}14000132644}$.	were filed on 8/22/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8400 NW 33RD ST SUITE 201
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33122
Enter new mailing address, if applicable:	8400 NW 33RD ST SUITE 201
(Mailing address MAY BE A POST OFFICE BOX)	DORAL., FL 33122
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	
	Florida
	Cuy Zıp 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.

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
CEO	JUAN ESTRADA		
			
			□ Remove
		8400 NW 33RD ST # 201 Doral, FL 33122	
CFO	ALBERTO M DARSA		<u></u> _
			☐ Remove
		8400 NW 33RD ST # 201 Doral, FL 33122	■ Change
	JOLLY AREZOU		_
Duecter			
			□ Remove
		8400 NW 33RD ST # 201 Doral, FL 33122	🖺 Change
	CHARLES DIVITA III		
Duector			Add
			☐ Remove
		8400 NW 33RD ST # 201 Doral, FL 33122	
			———
Director	Juan Chaluja		
		0.400 NW 2000 OT # 004 D # 4 5	☐ Remove
		8400 NW 33RD ST # 201 Doral, FL 33122	
AMBER	Sergio Martines Murtin		
	30,710, 10, 10, 10, 10		
			☐ Remove
		8400 NW 33RD ST # 201 Doral, FL 33122	_
			Change

_	MILIO HERRERA MOLINA AMBER 8400 NW 33RD ST # 201 Doral, FL 33122 (CHANGE)
_	••••
V	VERE CHANGING THE CITY FROM MIAMI TO DORAL, SINCE IT IS BECOMING AN ISSUE IN OUR AHCA PPLICATION
_	WE ARE NOT MOVING BUT ADDRESS SHOULD BE CORRECTED.
_	1111
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reffec <u>te:</u> I	e date, if other than the date of filing:
reco he 9	and specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of 00 0th day after the record is filed.
ed _	october 1st 2961.
	Signature of a prember or authorized representative of a member Musto U. Santa Sant

Page 3 of 3

Filing Fee: \$25.00