

416000171351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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08/14/18--L1025--LJ4 **25.01

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

AUG 21 2018



Sily Heslin Law

August 13, 2018

Via UPS

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

Re: FH Clinic, LLC.

Dear Sir/Madam:

Enclosed please find the following:

1. Articles of Amendment to Articles of Organization:

Very truly yours,

/s/ Jennifer Sily Heslin

Jennifer Sily Heslin
Attorney

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

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TALLAHASSEE, FLORIDA.

FH CLINIC, 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 09/13/2016 and assigned Florida document number L16000171351.

This amendment is submitted to amend the following:

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

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:

1221 Brickell Avenue, Suite 900

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33131

Enter new mailing address, if applicable:

1221 Brickell Avenue, Suite 900

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33131

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

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANISIO FIGUEIREDO FILHO	Rua Ana Pereira de Melo 162	<input type="checkbox"/> Add
		Bairro Campesi Cidade Osasco	<input checked="" type="checkbox"/> Remove
		SP 06023-080 BR	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: August 9, 2018 (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 August 9 2018

Alexandra Ribeiro
Signature of a member or authorized representative of a member

ALEXANDRA RIBEIRO FIGUEIREDO
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

FH CLINIC, LLC
a Florida limited liability company
(the "Company")

MEMBERSHIP REGISTER
(the "Register")

Member Name & Address	Percentage Interest
Alexandra Ribeiro Figueiredo Rua Ana Pereira de Melo 162 Bairro Campesi Osasco-SP 06023-080 Brazil	100%

Alexandra Ribeiro Figueiredo is the sole Member (as such term is defined in the Amended and Restated Limited Liability Company Agreement of the Company) of the Company who own 100% of all of the issued and outstanding membership interests of the Company as of the Effective Date.

The undersigned, as the duly authorized and acting manager of the Company, does hereby certify that this Register and the information set forth above is true and complete as of the 9th day of August, 2018 (the "Effective Date").

FH CLINIC, LLC
a Florida limited liability company

By: *Alexandra Ribeiro Figueiredo*
Alexandra Ribeiro Figueiredo, Manager