From: Yanet Avila

To: ,

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FILLED WITH LOVE MEDICAL CENTER, LLC

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Ta: .

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIELED WITH LOVE MEDICAL CENTER, LCC		
(Name of the Linited Liability Company (A Florids Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number L22000271108	•	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or t	he 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 as agent and/or the new registered office address here:	ddress on our records, <u>enfer the</u>	e name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:		<b>第二</b>
	Enter Florida street address Flori	
All and the second seco	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 t 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 we 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:

2023-08-10 16:32:47 GMT

MGR = Manager AMBR = Authorized Member

To: .

Title	<u>Name</u>	Address	Type of Action
AMBR	Victor Orlando Izquierdo	190 NW 14 ST	₩ Add
		HOMESTEAD, FL 33030	□Remove
			□ Change
MGR	Jorge Luis Cornelio	190 NW 14 ST	
		HOMESTEAD, FL 33030	□Remove
MGR	Yiset Lamburen	190 NW 14 ST	Add
		HOMESTEAD, FL 33030	□Remove
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ective date, if other than the neffective date is listed, the date in	he date of filing: just be specific and cannot	t be prior to date	of filing or more	than 90 days after	onur) (filing.) Pursuant to	605.0
n effective date is listed, the date to te: If the date inserted in this current's effective date on the	block does not meet u	is abburganie ve	atutory filing to	equirements, thi	s date will not be	listed
coment's effective date on the	17cpartment of State 3					
ccord specifies a delayed effec	tive date, but not an of	fective time, at	12:01 a.m. on	the earlier of: (	b) The 90th day	ufter
s filed.	<del></del> <b>,</b>					
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