

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Ma000008059

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.

((H22000412701 3))



H220004127013ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2022 DEC - 8 AM 10: 04

FILED

To: Division of Corporations
Fax Number : 1850-617-6393

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954) 209-0945
Fax Number : (614) 573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIVAMAS MEDICAL CENTER - HIALEAH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

C. BRUMBLEY
DEC - 9 2022

2022 DEC 8 8:30

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: VIVAMAS MEDICAL CENTER - HIALEAH, LLC

Enter new principal office 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)

2022 DEC - 8 AM 10: 04
REGISTRATION OF STATE
MAILING ADDRESS

FILED

2. The Florida document number of this limited liability company is: M20000008059

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 9/15/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: ICH MEDICAL CENTER - HIALEAH, LLC
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered officer 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

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'VIVAMAS MEDICAL CENTER - HIALEAH, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'ICH MEDICAL CENTER - HIALEAH, LLC' ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2022, AT 5:17 O'CLOCK P.M.



Jeffrey W. Bullock

 Jeffrey W. Bullock, Secretary of State

3330832 8320
 SR# 20224193442

Authentication: 205023771
 Date: 12-06-22

You may verify this certificate online at corp.delaware.gov/authver.shtml