

4/26/22, 11:24 AM

Division of Corporations

H20000150295

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 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 HIALEAH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	25.00

2022 APR 26 PM 2:09

2022 APR 26 PM 1:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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T. LEMIEUX
APR 27 2022

DocuSign Envelope ID: 98436065-F434-443E-B74A-D4D8159D69FA

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 Hialeah, LLC

Enter new principal office address, if applicable: 5775 BLUE LAGOON DRIVE

(Principal office address MUST BE A STREET ADDRESS)

SUITE 450

MIAMI, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5775 BLUE LAGOON DRIVE

SUITE 450

MIAMI, FL 33126

2. The Florida document number of this limited liability company is: M2000608059

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/15/2020

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

5. New name of the limited liability company: VivaMas Medical Center - Hialeah, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(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," "L.L.C.," or "LLC.")

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

FILED
2022 APR 26 PM 1:00
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

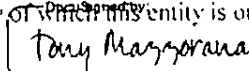
DocuSign Envelope ID: 98436065-F434-443E-B74A-D4D8159D69FA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Tony Mazzorana as Authorized Party

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'VIVAMAS HIALEAH, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'VIVAMAS MEDICAL CENTER - HIALEAH, LLC' ON THE TWELFTH DAY OF APRIL, A.D. 2022, AT 1:57 O`CLOCK P.M.



Jeffrey W. Bullock

 Jeffrey W. Bullock, Secretary of State

3330832 8320
 SR# 20221620681

Authentication: 203265954
 Date: 04-25-22

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