Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H110001405173)))



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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : THE ELIAS LAW FIRM, PLLC

Account Number : 120090000055 Phone : (305)823-2300 Fax Number : (305)823-3429

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTH FLORIDA INFECTIOUS DISEASE AND TROPICAL MEDIC

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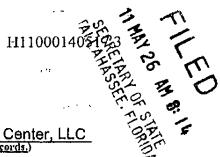
Electronic Filing Menu

Corporate Filing Menu

J. BRYAN Help

MAY 2 7 2011

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



South Florida Infectious Disease and Tropical Medicine Center, LLC
(Name of the Limited Limite

The Articles of Organization for this Limited Liability Company	vivere filed on	01/06/2005	and assigned
Florida document numberL05000002130		3 · · · · · · · · · · · · · · · · · · ·	er ar skiller Lite
This amendment is submitted to amend the following:		t •	
A. If amending name, enter the new name of the limited ligh	llity company be	ī.ē:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:	8740 N. Kendali Drive, Suite 208		
(Principal office address MUST BE A STREET ADDRESS)	Mlami, FL 33176		
	···	***************************************	
Euter new mailing address, if applicable:	8740 N. Ken	dall Drive, Sulte 208	3
(Mailing address MAY BE A POST OFFICE BOX)	Mlaml, FL 33	3176	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on t	our records, enter the	e name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
- The sales of the		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agents			

Ŋ

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 608, 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

Page I of 2

MGR = Manager

H110001405173

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = M	anaging Member		
<u> Fitte</u>	Name	Address	Type of Action
Pres.	Jorge Murillo, MD	8740 N. Kendall Drive, Suite 208 Miami, FL 33176	Add Bemove DAddless
EVP.	Jorge Mejia, MD	8740 N. Kendall Drive, Suite 208 Miami, FL 33176	Add Remove Addies Change
TRE_	Jorge Mejla, MD	8740 N. Kendall Drive, Suite 208 Miami, Fl. 33176	Add Reinove Saddicss change
SEC	Carlos Torres-Viera, MD	8740 N. Kendall Drive, Suite 208 Miami, FL 33178	Add Remove Addiess change
MGR	Jorge Mejia, MD	8740 N. Kendall Drive, Suite 208 Miami, FL 33176	AddRemove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	Add Remove
	May 25, 20	Of authorized representative of a member	FILED 11 MAY 26 AM 8: 14 SECRETARY OF STATE FALLAHASSEE. FLORIDA
	JORG	or printed name of signee	

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Filing Fee: \$25.00