

8/20/2020

L00000004878

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUALITY HEALTH MANAGEMENT, LLC

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AUG 21 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quality Health Management, 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 04/28/2000 and assigned
Florida document number L00000004878.

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: _____

(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 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	Pamela Abdulaziz	7600 Corporate Center Dr Ste 502	<input type="checkbox"/> Add
		Miami, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eric Dickelman	7600 Corporate Center Dr Ste 502	<input type="checkbox"/> Add
		Miami, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anne Davis	7600 Corporate Center Dr Ste 502	<input type="checkbox"/> Add
		Miami, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	John O'Connor	27422 Portola Parkway, Suite 110	<input checked="" type="checkbox"/> Add
		Foothill Ranch, CA 92610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	Mitra Labarre	27422 Portola Parkway, Suite 110	<input checked="" type="checkbox"/> Add
		Foothill Ranch, CA 92610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	Patrick Collins	27422 Portola Parkway, Suite 110	<input checked="" type="checkbox"/> Add
		Foothill Ranch, CA 92610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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>
D	John O'Connor	27422 Portola Parkway, Suite 110	<input checked="" type="checkbox"/> Add
		Foothill Ranch, CA 92610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	Scott Sanders	27422 Portola Parkway, Suite 110	<input checked="" type="checkbox"/> Add
		Foothill Ranch, CA 92610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Mitra Labarre

Typed or printed name of signee

Filing Fee: \$25.00