

L04000058770

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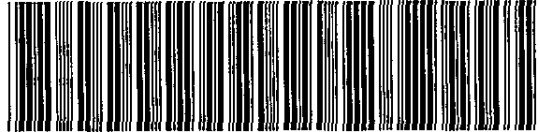
(Business Entity Name)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LIBERTY HEALTH NETWORK, L.L.C.  
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☐ Mail out ☐ Will wait

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**CERTIFICATE OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
2004 SEP 29 PM 12:12  
JUDICIAL CORPORATION  
TALLAHASSEE, FLORIDA

Liberty Health Network, L.L.C.

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The date of filing of the articles of organization was August 09, 2004.


**SECOND:** The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

New Registered agent: Livan Sanchez  
9141 North West 177 Terrace  
Miami, Florida 33018

Delete: Noris Sanchez (MGR)

Add: Alfredo Cruz (MGR)  
8371 South West 38 Street  
Miami, Florida 33155

Dated September 24, 2004.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Livan Sanchez  
\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: 25.00

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..*

X   
\_\_\_\_\_  
Registered Agent's Signature

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