

L05000002130

Florida Department of State
Division of Corporations
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(((H110001405173)))



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

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J. BRYAN

MAY 27 2011

EXAMINER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H110001405

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

South Florida Infectious Disease and Tropical Medicine Center, 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 01/06/2005 and assigned
Florida document number L05000002130

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 8740 N. Kendall Drive, Suite 208
(Principal office address MUST BE A STREET ADDRESS) Miami, FL 33176

Enter new mailing address, if applicable: 8740 N. Kendall Drive, Suite 208
(Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33176

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 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

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:


MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
Pres.	Jorge Murillo, MD	8740 N. Kendall Drive, Suite 208 Miami, FL 33176	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Address change
EVP	Jorge Mejia, MD	8740 N. Kendall Drive, Suite 208 Miami, FL 33176	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> address change
TRE	Jorge Mejia, MD	8740 N. Kendall Drive, Suite 208 Miami, FL 33176	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> address change
SEC	Carlos Torres-Viera, MD	8740 N. Kendall Drive, Suite 208 Miami, FL 33176	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> address change
MGR	Jorge Mejia, MD	8740 N. Kendall Drive, Suite 208 Miami, FL 33176	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> address change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated May 25, 2011 

 Signature of a member or authorized representative of a member
JORGE R. MEJIA, MD.

 Typed or printed name of signee

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