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TRANSMITTAL LETTER

TO: Registration S Division of C	orporations		FILE
SUBJECT: Key	stone Medic	al Treatment	auter LLC
	(Name of L	imited Liability Company)	
	of Amendment and fee(s) are st		SECRETARY OF TALLAHASSEE, F
Please return all corres	pondence concerning this matte	er to the following	-
	Derek	(Name of Person)	· ·
_K.	ey Sone Medic	al Treadment a (Firm/Company)	uster, UC
_/3	220 Biscay	ne blud	
		,	
_	M. Miani,	FC 33/8/ /State and Zip Code)	
	concerning this matter, please	•	
	(Name of Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the	e following amount.		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRF	EET ADDRESS:	MAILING ADDR	ESS:

Registration Section
Division of Corporations

409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

KEYSTONE MEDICAL TREATMENT CENTER, LLC

- 2005 MAY 23 P 1+ 3

(Present Name)
(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE, FLORID.

FIRST: The Articles of Organization were filed on 01/18/2005 and assigned document number L05000005264.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

Article I Shall remain the same. Article II Shall state the principal place of business shall be 13220 Biscayne Blvd, N. Miami, FL33181 Article III Shall remain the same Article IV Shall state name of registered agent shall be Dr Derek Goetz 13220 Biscayne blvd, N. Miami, FL 33181 . Article V Shall state the name and address of the shall be Dr. Derek Goetz 13220 Biscayne Blvd, N. Miami FL 33181 Article VI Directors. The name and address of the Director of this is Dr. Derek Goetz 13220 Biscayne blvd. N. Miami, FL 33181

Dated 5/6 , 2005

Signature of a member of authorized representative of a member DR DEREX GOETZ

Typed or printed name of signee

Filing Fee: \$25.00