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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | D MEDICAL CENTER LLC | | | | |
|----------------------|--|---|--|---|--|
| C1: | Name of Limi | ited Liability Company | a como | | |
| losed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | | |
| eturn all correspo | ndence concerning this matter t | to the following: | | | |
| | DR DANNY ABBRUZZE: | SE | | | |
| | | Name of Person | | | |
| | OAKSTEAD MEDICAL C | CENTER LLC | | | |
| | | Firm/Company | | | |
| | 19401 SHUMARD OAK D | DRIVE | | | |
| | | Address | | | |
| | LAND O LAKES, FL 3463 | 38 | Į, | ~2 | |
| | | City/State and Zip Code | LLA | 0 16 1 | ~]]] |
| | - | | otification) | PR | |
| her information c | | | SRY C | = T | |
| | | 813 406-4406 at () | Logia Logia | — [| J |
| Name o | f Person | Area Code Dayt | ime Telephone Number | Φ | |
| ed is a check for th | ne following amount: | | | | |
| .00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate Certified (| e of Stat Copy | |
| | cher information cous HERNANDE | Name of Limiteles of Amendment and fee(s) are substituted and correspondence concerning this matter. DR DANNY ABBRUZZE OAKSTEAD MEDICAL OF THE CONTROL OF | Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: DR DANNY ABBRUZZESE Name of Person OAKSTEAD MEDICAL CENTER LLC Firm/Company 19401 SHUMARD OAK DRIVE Address LAND O LAKES, FL 34638 City/State and Zip Code marcus@hernandezaccounting.com E-mail address: (to be used for future annual report n ther information concerning this matter, please call: PUS HERNANDEZ Name of Person Red is a check for the following amount: 5.00 Filing Fee Certificate of Status Certified Copy | Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: DR DANNY ABBRUZZESE Name of Person OAKSTEAD MEDICAL CENTER LLC Firm/Company 19401 SHUMARD OAK DRIVE Address LAND O LAKES, FL 34638 City/State and Zip Code marcus@hernandezaccounting.com E-mail address: (to be used for future annual report notification) Person Bernail address: (to be used for future annual report notification) Area Code Daytime Telephone Number at (| Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: DR DANNY ABBRUZZESE Name of Person OAKSTEAD MEDICAL CENTER LLC Firm/Company 19401 SHUMARD OAK DRIVE Address LAND O LAKES, FL 34638 City/State and Zip Code marcus@hernandezaccounting.com E-mail address: (to be used for future annual report notification) ber information concerning this matter, please call: US HERNANDEZ Name of Person Area Code Daytime Telephone Number od is a check for the following amount: 5.00 Filing Fee \$55.00 Filing Fee \$\$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certificate of Status Certificate Copy Certificate of Status Certificate Of Status |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OAKSTEAD MEDICAL CENTER LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

| | (A Florida Limited Liai | bility Company) | | |
|---|--------------------------|--------------------------------|--------------------------------|---------|
| The Articles of Organization for this Limited L Florida document number L07000074038 | iability Company w | ere filed on <u>07/18/2007</u> | and assi | gned |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name of | of the limited liabilit | ty company here: | | |
| The new name must be distinguishable and contain the | words "Limited Liability | Company," the designation "I | LC" or the abbreviation "L.L | C." |
| Enter new principal offices address, if applied | cable: | | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | | |
| Enter new mailing address, if applicable: | - | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | |
| B. If amending the registered agent and registered agent and/or the new registered o | | | rds, enter the Tame of HASSEE. | the new |
| New Registered Office Address: | 19401 SHUMARI | O OAK DRIVE | | フ |
| | | Enter Florida street add | و انظ | |
| | LAND O LAKES | | Florida 34638 | |
| | | Citv | 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|-----------------|---------------------|------------------------|--|
| MGR | DR DANNY ABBRUZZESE | 19401 SHUMARD OAK DR | ■ Add |
| | | LAND O LAKES, FL 34638 | Remove |
| | | | ☐ Change |
| MGR | KHALID SAEED | 2410 BRINLEY DRIVE | □ Add |
| | | TRINITY, FL 34655 | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | □ Add |
| who was a first | | | Remove Change Addition Addition |
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| Dame Abeer | APRIL 8 | <u> </u> | 2016 | | | | |
| Signature of a member or authorized representative of a member | M | . 4 | | | | | |
| | \ \mathcal{L} \lambda | WY 100 | -ey | | | | |

Page 3 of 3

Filing Fee: \$25.00