

06/12/2031 04:33

001/004

LO700098174

Florida Department of
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(((H13000170493 3)))



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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ONE STOP CARE NETWORK LLC**

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AUG 01 2013

D. BRUCE

H13000170493-
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

ONE STOP CARE NETWORK 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 09/26/2007 and assigned
 Florida document number L07000098174

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:

(Principal office address MUST BE A STREET ADDRESS)

7480 SW 40th St
STE 820
MIAMI FL 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7480 SW 40th St
STE 820
MIAMI FL 33155

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:

LAZARO MOREIRA

New Registered Office Address:

7480 SW 40th St, STE 820

Enter Florida street address

MIAMI, Florida 33155
 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.

[Signature]
 If Changing Registered Agent, Signature of New Registered Agent

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GUTLEBER, JOHN C.	139 NE 15 ST HOMESTEAD, FL 33030	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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2012 JUL 1 9:00
SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

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

Dated July 31, 2013



Signature of a member or authorized representative of a member

LAZARO MOREIRA

Typed or printed name of signee

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