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Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ONE STOP CARE NETWORK LLC

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H 15000161870

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 9/26/07 and assigned Florida document number L 07000098174

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7480 BIRD ROAD STE 460
MIAMI FL 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7480 BIRD ROAD, STE 460
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:

JORGE L. VEGA

New Registered Office Address:

7480 BIRD ROAD, STE 460

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 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRH	ESTELLA GINNORIS	200 W. 49 ST	<input type="checkbox"/> Add
		HI/LEAK, FL 33012	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRH	JORGE L. VEGA	7480 BIRD ROAD, STE 460	<input checked="" type="checkbox"/> Add
		MIAMI FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRH	ROSA MARIA MORENO ESCOBAR	7480 BIRD ROAD, STE 460	<input type="checkbox"/> Add
		MIAMI FL 33155	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRH	ESTELA GINORIS	7480 BIRD ROAD, STE 460	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NONE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 06 - 29, 2015

Signature of a member or authorized representative of a member

JORGE L. VEGA

HGRM

Typed or printed name of signer

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