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SECRETARY OF STATE
FALLAHASSEF FINALE

J. BRYAN

SEP 11 2009

EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co				
SUBJE	CT:	MOUNT SINAL	CARDIO-PRICARE, LI	LC	
JUBGE			ited Liability Company		
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please 1	return all corresp	ondence concerning this matter	r to the following:		
		Priscilla Friendland		_	
			Name of Person		
	Mount Sinai Medical Center of Florida, Firm/Company		ła, Inc.	_	
•			Firm/Company		
4300 Alton		Road - 5 Warner- Administration		G SEP	
			Address Aliami Beach, FI 33140		AR TO
			City/State and Zip Code		AM II: 35 Y OF STATE EE. FLORID
		•	priscilla@msmc.com		STA C
		E-mail address: (to be used for future annual report no	otification)	ã a 35
For furt	her information	concerning this matter, please	call:		
		nold M. Jaffee	at (305)	674-2444 time Telephone Numbe	
	Name	oi reison	Alea Code & Dayl	unie Telephone Numbe	a.
Enclose	ed is a check for	the following amount:			
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certifie	ate of Status &
	Regisi Divisi P.O. E	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations G Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOUNT SINA	<u>II CARDIO-PRICARE</u>	E, LLC	· · · · · · · · · · · · · · · · · · ·	
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	10/25/07	and assigned	
Florida document numberL07000108390	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here	2:		
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Compar	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	ORESS)			
Enter new mailing address, if applicable:			FIL 09 SEP 10 SECRETAP SECRETAP	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		mo = m	
	 	· · · · · · · · · · · · · · · · · · ·	$\frac{FS}{SS} = D$	
B. If amending the registered agent and/or reg	istered office address on o ldress here:	ur records, <u>enter</u>	the Hame of the new	
Name of New Registered Agent:				
New Registered Office Address:	F .	on Elevisia advanta d	4	
	Enter Florida street address			
 -	City	, Florida	Zip Code	
	cuy		zip Coae	

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 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 Mount Sinai MediCAL MGRM ☑ Add □ Remove 4300 Alton Road Center OF FLORIDA The. 5 Warner - Administration Miami Beach, Fl 33140 ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove ___Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Alex Mendez

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00