Division of Corporations Public Access System

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JFK HOSPITALISTS, LLC

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4/28/2009

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ARTICLES OF AMENDMENT TO SECRETARY OF STATE TALLAHASSEE FLORIDA **OF**

09 APR 28 AH 8: 20

JFK Hospitalists, LLC		
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL07000112744	11/7/2007	and assigned
This amendment is submitted to amend the following:	·	
A. If smending name, enter the new name of the limited liability company her	re;	
JFK Internal Medicine Faculty Practice, I.	LLC	
The new name must be distinguishable and end with the words "Limited Liability Compa"L.L.C."	uny," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on or registered agent and/or the new registered office address here: Name of New Registered Agent:	our records, enter the n	ame of the new
New Registered Office Address:	nter Florida street address)	,
	, Florida	
(City)	(Z	ip Codej
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in this cathe provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for in Chbeing filed to merely reflect a change in the registered office address, I hereby company has been notified in writing of this change.	of my duties, and I am fai hapter 608, F.S. Or, if this	miliar with and s document is liability

If umending 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:

Title Nam						Ad	mave d move	<u>ion</u>
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D. If amending any	other information, e	nter change(s) here: (Anach	udditional sheets,	if necessary.)			
 								
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Dated	April 27	_ · <u>2009</u> _ · <i>C</i>	00,0			TATE DRID,	8: 20	Samuel
	Signature o	NWA A	Man A sufferized represe	ntative of a memb	ar	D	_	
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