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(Requestor's Name)				
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B. **KOHR**

EXAMINER

DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration So Division of Co			NON
SUBJ	CT:	Hygea of	Palm Beach, LLC	J
Name of Limited Liability Company				
		Amendment and fee(s) are su	_	
riease	return an correspo	ondence concerning this matte	r to the following:	
			Lacy Loar	
Na Business Sol			Name of Person	
			ess Solutions Advisors, In	c
			Firm/Company	
2			060 Dartmouth Ave N	
***************************************			Address	
St. Petersburg, FL 33713				
			City/State and Zip Code	
		acycatpaw@aol.com to be used for future annual report no		
		E-mail address: (to be used for future annual report no	stification)
For fur	ther information c	oncerning this matter, please of	all:	
		Lacy Loar	at (727)	798-9812
		f Person		ime Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section		STREET/COUR	RIER ADDRESS:	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Hygea of Palm	n Beach, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed onMarch 14, 2008 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Medical Centers of	Wellington, LLC	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2060 Dartmouth Ave N	
(Principal office address MUST BE A STREET ADDRESS)	St Petersburg, FL 33713	
,		
Enter new mailing address, if applicable:	2060 Dartmouth Ave N	
(Mailing address MAY BE A POST OFFICE BOX)	St Petersburg, FL 33713	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zin 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.

If Changing Registered Agent, Signature of New Registered Agent

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> **Type of Action** <u>Name</u> Address **MGRM** Hygea Health Network, Inc. 7240 SW 58th St ☐ Add Remove Miami. FL 33143_ **MGRM** Business Solutions Advisor 2060 Dartmouth Ave N **✓** Add St Petersburg, FL 33713 Remove ☐ Add Remove ☐ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 21 2010 Dated Signature of a member or arthorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Manuel Iglesias
Typed or printed name of signee