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T. HAMPTON

COVER LETTER

	istration Sect ision of Corpo			
CUDIFOT.	IDEAL FA	MILY HEALTH, LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	lence concerning this matter to	o the following:	
		DR. OTNIEL HERNA	ANDEZ	
			Name of Person	
		INSTITUTE OF PRE	VENTIVE MEDICINE, LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		13284 NW 10 ST		
			Address	
		MIAMI, FL 33182		
			City/State and Zip Code	
		dr_ohernandez@yaho		
		E-mail address: (to	be used for future annual report notification	1)
For further in	formation con	cerning this matter, please cal	II:	
Dr. Otniel	Hernande	z	305 842-4203	
	Name of P	erson	at () Area Code Daytime Telep	phone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	iling Fee	□ \$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City , 2 -	Zip Code
	. FI	orida
New Registered Office Address:	Enter Florida street addres	is s
	·	
Name of New Registered Agent:		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33182	
Enter new mailing address, if applicable:	13284 NW 10ST	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33182	<u>d.</u>
Enter new principal offices address, if applicable:	13284 NW 10 ST	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LL	C" or the abbreviation "L.L.C."
INSTITUTE OF PREVENTIVE MEDICINE, LLC		- F2
A. If amending name, enter the new name of the limited liab	ility company here:	AH II: 42 EF. FLORIT
This amendment is submitted to amend the following:		555 W
Florida document number L08000084519		B 2
The Articles of Organization for this Limited Liability Company	were filed on 09/04/2008	rand assigned
		-4 ^
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record	<u>ls.</u>)
ideal ramily Health, LLC		

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			
			Remove
			□ Remove
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			□ Add
			Remove

If amending any other information, enter change(s) here: (Attach addition	al sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State)	(optional) more than 90 days after
Dated 2-14-15	
Signature of affiember or authorized representative of	4
/On. Otriel Hern	ما الم

Page 3 of 3

Filing Fee: \$25.00

