L090000044364

<u> </u>	(Requestor's Name)
	(Address)
	(Address)
· •	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	A. LUNT
	SEP 22 2011

EXAMINER

Office Use Only



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2011 SEP 21 PM 3- 00
SECRETARY OF STATE

COVER LETTER

Division of C					
SUBJECT:	Quantum F	lealth Group LLC.			
		ted Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	N	Manuel M. Fernandez			
		Name of Person			
	Quai	Quantum Health Group LLC.			
		Firm/Company		2	
5805 Blue Lagoon Dr. Ste 280			SECRETARY		
		Address	***************************************		7
	t.	Miami, Florida 33126		SSES 5	~
		City/State and Zip Code		EP 21 EM 3	T
	E-mail address: (t	o be used for future annual report notifica	ition)	ALL ALL DA	,-
For further information	concerning this matter, please c	all:			
Manu	uel M. Fernandez	at (_305)4	47-8404		
Name	of Person	Area Code & Daytime	Telephone Number		
Enclosed 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)	Certified	e of Status &	
	LING ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:		

Registration Section
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

Quantum	Health Group LLC	D		
(Name of the Limited Liability (A Florida I	Company as it now appea limited Liability Company)	rs on our records.)		
,	, , ,			
The Articles of Organization for this Limited Liability C	ompany were filed on	05/07/2009	and assigned	
Florida document numberL09000044364				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> :		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	any," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			
				
			SR 2	
Enter new mailing address, if applicable:			mo T	
(Mailing address MAY BE A POST OFFICE BOX)				
			万 克 0	
B. If amending the registered agent and/or regist		our records, <u>enter</u>	the name of the new	
registered agent and/or the new registered office addr	ess nere:			
Name of Name Designated Assets				
Name of New Registered Agent:				
New Registered Office Address:			11.	
	Enter Florida street address			
	, Florida			
	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 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 **Address** Type of Action <u>Title</u> <u>Name</u> MGR Jose I. Gonzalez 5805 Blue Lagoon Dr. Ste 280 Add Remove Miami, Florida 33126 ☐ Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 20 2011 Dated_ Signature of a member or authorized representative of a member Manuel M. Fernandez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00