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MONTERREY MEDICAL, LLC

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EXAMINER

To:

Fax: 18506176383 Date:

Thu, 8 Oct 2009 11:25:39 -0400

From: Ref#:

Cynthia L. Moore

LLC -Articles of Amendment

of Pages:

Comments:

Please file the attached. Thank you.

Cynthia L. Moore Legal Assistant to Carolyn Kellman, Esq. Adorno & Yoss LLP 2525 Ponce de Leon Boulevard, Suite 400 Coral Gables, Florida 33134-6012 Direct Line: 305-460-1025

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clm@adorno.com

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SECRETARY OF STATE

H09000216430 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONTERREY MEDICAL, LLC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
(18 I TOTION DIBLION E	nuoliny Company)			
The Articles of Organization for this Limited Liability Company were filed on October 5, 2009 and assigned				
Florida document number L09000095838				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
In intending name, office and how frame of the number manager company to 12.				
The new name must be distinguishable and end with the words "Limi	land I labilly. Common, If the designation "I I C" on the abbreviation			
"L.L.C."	ted Liability Company, the designation LLC of the aboveviation			
	40050 440 O III A O O O O			
Enter new principal offices address, if applicable:	16850-112 Collins Avenue, Ste 103 Sunny Isles Beach, FL 33160			
(Principal office address MUST BE A STREET ADDRESS)				
	유류 유 1			
	TAR ASS			
Enter new mailing address, if applicable:	16850-112 Collins Avenue, Ste 103			
5	Sunny Isles Beach, FL 33160			
(Mailing address MAY BE A POST OFFICE BOX)	Odility Isida Beach, 12 33 100			
	\$ *			
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new			
registered agent and/or the new registered office address her	<u>e</u> ,			
Name of New Registered Agent:				
Now Registered Office Address:	•			
Enter Florida street address				
· · · · · · · · · · · · · · · · · · ·				
	, Florida City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
- New Registered Agent's Signature, it changing Registered Agent:				

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 smending 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 = Ma MGRM = 1	anager Managing Member		
Title	<u>Name</u>	Address	Type of Action
			□ B
			☐ Add ☐ Remove
			Add Remove
			Remove
			_ n
			
D. If amer	nding any other information,	enter change(s) here: (Attach additional she	T 🚘 🗖
_	- 100 4100 - 100 -		9: 55 STATE LORIDA
Dated	October 7		
		of a member or authorized representative of a m	Tember
		Michael B. Axman Typed or printed name of signee	

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Filing Fee: \$25.00