Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000172175 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. . Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name 1 ALONSO & GARCIA, P.A.

Account Number : 120020000031

: (305)448-3898 Phone Fax Number : (305)443-9073

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DORAL MEDICAL CENTER DEVELOPMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing N

NUL 3 0 2010

EXAMINER

7/29/2010

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORAL MEDICAL CENTER DEVELOPMENT LLC
(Name of the Limited Liability Company as it now address on our records.)

(A Florida Limited L	hability Company)		
The Articles of Organization for this Limited Liability Company Plorida document number	were filed on	.01/19/2010	anc assigned
This amendment is submitted to amend the following:			
	submitted to amend the following:  Ime, enter the new name of the limited liability company here:  DHE Development LLC  be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or lae abbreviation  al offices address, if applicable:  Idress MUST BE A STREET ADDRESS)  address, if applicable:  AYBE A POST OFFICE BOX)  the registered agent and/or registered office address on our records, enter the name of the name.		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compa	any," the designation "L	LC" or fae abbreviation
Enter new principal offices address, if applicable:	:	•	
(Principal office address MUST BE A STREET ADDRESS)		1	SECRE 10 JUI
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BOX)			RP S
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Hee address on (	our records, <u>enter t</u>	N9 ≧≥
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addı	ess
		, 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

4GR - Ma		r	× .
	Imaging Member	. A didmont	- Type of Action
Title	Name	Address	TA I The Tables
MGR	atnot relvet.	2051 NW 112th Avenue Ste 114 Miemi, FL 33172	lemove
<u>IGRM</u>	Orlando Padron		Add K Remove
AGRM_	Henry Contreres		Add
•			
	elegene of the large of the lar		Add Remove
· <del>·········</del>			Add
<u>.</u>			Add Removs
. If amen	ling any other information, enter	thange(i) here: (Attach additional sheets, if necessar)	<u></u>
<del></del>			•
			<del></del>
		Live Market	······································
ated	July 27	2010	ISION OF COLOR
Pated	July 27 Signopore of ear	2010  EMAN D  Comber of authorized representative of a stember	N OF CORPORATIONS

'n