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COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	AHC Medi	cal Centers, LLC				
	Name of Limi	ted Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Xavier Marcos				
		Name of Person				
	AHO	AHC Medical Centers, LLC				
		Firm/Company				
	2	2801 NW 87th Avenue				
		Address				
		Doral, FL 33172 City/State and Zip Code xmarcos@ahcmedical.com E-mail address: (to be used for future annual report notification)				
	xma					
			otification)			
For further information	concerning this matter, please of	call:				
×	avier Marcos	at (305)	592-1242			
Name	of Person		time 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 enclo	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAI	LING ADDRESS:	STREET/COU	RIER 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**

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		:	2001 1 EU 5: #2
AHC Med	dical Centers, LLC	on our records	MICHELIARY OF STATE
(<u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	s un our records.	TELEVIA SEE, FLORID,
The Articles of Organization for this Limited Liability Co	ompany were filed on	03/02/2010	and assigned
Florida document numberL10000023607	surparty were med on		and assigned
Florida document number L10000023007	_ '		
This amendment is submitted to amend the following:		;	
A. If amending name, <u>enter the new name of the limit</u>	ted liability company her	<u>e</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		
	<u>— </u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or register	ered office address on o	ur records, <u>ente</u>	r the name of the new
registered agent and/or the new registered office addr	ess nere:	•	
Nome of New Designand Assets			
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Ent	er Florida street a	idaress
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I have be account the arm sixtures to a secietary description			g •.i

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> <u>Name</u> **Address** Type of Action JXS Holding, LLC **MGRM** 727 CRANDON BLVD APT 302 ∏ Add KEY BISCAYNE FL 33149 ✓ Remove AHC Holdings, LLC MGRM 690 HAMPTON LANE ✓ Add **KEY BISCAYNE FL 33149 US** ☐ Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Xavier Marcos Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00