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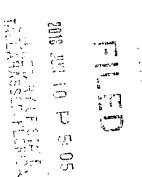
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TULA MICHELE HAFF

Attorney and Counsclor at Law

TELEPHONE 863.421,2626

135 NORTH 6TH STREET, SECOND FLOOR HAINES CITY, FLORIDA 33844-4247

FACSIMILE 863.421.2828

 Q_{ij}

June 1, 2016

Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

RE: Articles of Amendment to Articles of Organization

of Jain & Lama, M.D.'s, LLC

Our File No.: 14248

Dear Representative:

Attached you will find an original and one (1) copy of the Articles of Amendment to Articles of Organization of Jain & Lama, M.D.'s, LLC, to be filed with your office. Also enclosed you will find our firms check in the amount of \$25.00 to cover the filing fee for this document. Please file the Articles of Amendment to Articles of Organization and return one stamped copy of the same to my office upon completion. I have also enclosed a postage pre-paid/self-addressed envelope for your convenient return of the stamped copy of same.

If you have any questions, please feel free to contact my office.

Very truly yours,

Tula Michele Haff

Attorney at Law

TMH/dlh Enclosures

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Haines City	, Florida ³³⁸⁴⁴		
New Registered Office Address:	101 & 105 South Dixie Drive Enter Florida street address			
•	101 & 105 Courth Divis Dais			
Name of New Registered Agent:	Edna M. Lama			
gistered agent and/or the new registered				
If amending the registered agent and	d/or registered office addres	ss on our records, enter the name of the		
		7, On		
		्रे प्र		
(Mailing address MAY BE A POST OFFICE BOX)				
nter new mailing address, if applicable:		(d) . (1) .		
		7 4 C C C C C C C C C C C C C C C C C C		
rincipal office address MUST BE A STRE	ET ADDRESS)			
nter new principal offices address, if appli	cable:			
e new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" or the abbreviation "L.L.C."		
OSMOS MEDICAL PROPERTIES, LLC				
If amending name, enter the new name	of the limited liability compar	ny here:		
is amendment is submitted to amend the fol	lowing:			
orida document number L10000095868	<u> </u>			
	Liability Company were fried o	and assigned		
ne Articles of Organization for this Limited I	intility Common word filed a	September 10, 2010 and assigned		
(IName of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	any)		
(Maine of the Lini	ited Liability Company as it now a	ppears on our records.)		

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Manuel G. Jain, M.D.	1488 North Lake Mirror Drive	
		Winter Haven, FL 33881	■ Remove
			☐ Change
MGRM	Jacobo N. Lama, M.D.	6036 Caymus Loop	Add
		Windermere, FL 34786	Remove
			☐ Change
MGR	Jacobo N. Lama, M.D.	6036 Caymus Loop	Add
		Windermere, FL 34786	☐ Remove
			□ Change
MGR	Edna M. Lama	6036 Caymus Loop	a Add
		Windermere, FL 34786	Remove
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ffective date, if other th	an the date of	June 1,	2016		_ (optional)		
an effective date is listed, the date: If the date inserted in locument's effective date or	date must be specif this block does	To and cannot be properties and cannot the ap	prior to date of filir plicable statutor	g or more than 90	days after filing.) I	ursuant to 6	605.0207 isted as
e record specifies a d The 90th day after th			not an effect	tive time, at 1	.2:01 a.m. o .≕ٍ⁄.		rlier o
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Typed or printed name of signee

Filing Fee: \$25.00