

8/2/2021

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L11000033754

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SUNRISE MEDICAL GROUP I, LLC
 TALLAHASSEE, FLORIDA

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
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TALLAHASSEE, FLORIDA

2021 AUG -2 AM 9:50

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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
 SUNRISE MEDICAL GROUP I, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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AUG 3 2021
 S. PRATHER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 AUG -2 AM 9:50 TALLAHASSEE, FLORIDA

Sunrise Medical Group I, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/18/2011 and assigned Florida document number L11000033754

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Healthcare SMG I, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14201 Dallas Pkwy

(Principal office address MUST BE A STREET ADDRESS)

Dallas, TX 75254

Enter new mailing address, if applicable:

14201 Dallas Pkwy

(Mailing address MAY BE A POST OFFICE BOX)

Dallas, TX 75254

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 1, 2021

Kristina A. Mack
Signature of a member or authorized representative of a member

Kristina A. Mack, Secretary to Managing Member
Typed or printed name of signee

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 AUG -2 AM 9:50