

NOV/14/2011/MON 02:12 PM

FAX No.

P. 001

Division of Corporations

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**L11000270398**

Florida Department of State  
Division of Corporations  
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NOV 15 2011

NOV/14/2011/MON 02:12 PM

FAX No.

FILED  
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002  
SECRETARY OF STATE  
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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SANITAS MEDICAL AND DENTAL INSTITUTE, LLC

(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 03/25/2011 and assigned  
Florida document number L11000036129

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

747 PONCE DE LEON BLVD

(Principal office address MUST BE A STREET ADDRESS)

STE#700

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

747 PONCE DE LEON BLVD

(Mailing address MAY BE A POST OFFICE BOX)

STE#700

CORAL GABLES, FL 33134

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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

N/A

Florida

N/A

*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

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARIA J. ALVAREZ	14060 SW 39 STREET MIAMI FL 33175	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

(X) 

Signature of a member or authorized representative of a member

MARIA CARIDAD ESPINOSA

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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