L11000044091

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SECHETARY OF STATE
ALLAHASSEE, FLORID

D. BRUCE
JUL 28 2011
EXAMINER

COVER LETTER

то:	gistration Section vision of Corporations			
SUBJECT: ST. MARY'S MEDICAL INSTITUTE, LLC				
	Name of Limited Liability Company			
	ed Articles of Amendment and fee(s) are submitted for filing.			
Please r	n all correspondence concerning this matter to the following:			
	KEITH W KOEHLER CPA			
Name of Person				
Firm/Company				
401 N HOWARD AVENUE				
Address		ALI SCI		
TAMPA, FL 33606		JUL 27 AV		
	City/State and Zip Code			
	KOEHLER@CPA-TAMPA.COM E-mail address: (to be used for future annual report notification)			
For furt	information concerning this matter, please call:	M 字 09 Y OF STATE EE. FLORIDA		
	KEITH W KOEHLER _{st (} 813) 250-1200 X0	70 A G		
	Name of Person Area Code & Daytime Telephone Number	PRODUCTION CONTROL OF THE PRODUCTION CONTROL		
	a check for the following amount:			
] \$2 5.0	(additional copy is enclosed) Certified	e of Status &		
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ST. MARY'S MEDICAL 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 ______04/13/2011 _____ and assigned

This amendment is submitted to amend the following:

Florida document number

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

L11000044091

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH, FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

______, 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

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 = M MGRM =	lanager Managing Member		
Title	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
1 ₄			Add Remove
D. If amer	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary)	Add Remove
		Α Ω Ο Ο Π	E PRY D
Dated	JULY 15		O9
Dated	X Tameld	Deromun	· · · · · · · · · · · · · · · · · · ·
		Ar authorized representative of a member ALD J. HEROMIN	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00