Division of Corporations **Electronic Filing Cover Sheet**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDCARE QUALITY MEDICAL CENTERS, LLC

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C. LEWIS

JUL 2 0 2011

EXAMINER

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FILEL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2011 JUL 19 AM 8: 24 SECRETARY OF STATE TALLAHASSEE. FLORIDA

Medcare Quality Medical Centers, LLC						
(Name of the Limited)	Liability Compai Florida Limited L	<u>ny as it now appears a</u> Jiability Company)	n our records.)			
The Articles of Organization for this Limited Lia Florida document number	bility Company		_	and assigned		
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end with	the words "Limi	ted Liability Company,	" the designation "l	LLC" or the abbreviation		
Enter new principal offices address, if applica	7200 NW 7 ST					
(Principal office address MUST BE A STREET	ADDRESS)	Suite 150				
•		Miami, FL 3312				
Enter new mailing address, if applicable:	7200 NW 7 ST					
(Muiling address MAY BE A POST OFFICE B	<u>0X)</u>	Suite 150				
	Miami, FL 33126					
B. If amending the registered agent and/or texistered agent and/or the new registered off			records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	Alexis Agreda					
New Registered Office Address:	7200 NW 7	ST Suite 150				
	Enter Florida street address					
		Miami	, Florida	33126		
		Clty		Zip Code		
New Registered Agent's Signature, if changing Re	gistered 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 of burehy confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Manuging Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action Address Title <u>Name</u> .☑ Add ☐ Reinove Rodriguez, Maria 7200 NW 7 ST, SUITE 150 MGR MIAMI F1 33126. Fernandez, Jorge 7200 NW 7 ST, SUITE 150 □ Add **MGR** 🔽 Remove MIAMI, FL 33126 ∏ Add Remove bbA [Remove .∏Add Remove $\square \land dd$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Signature of a member of authorized representative of a member Maria Rodriguez တ်

> Page 2 of 2 Filing Fee: \$25.00

Typed or printed name of signee