LIICOOTTEUS

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE
TALLAHASSEE ELOBINA

1/8/14/17

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJECT: Caremax Medical Center, UC Name of Limited Liability Company						
SUBJI	ECT:	Name of Limit	ed Liability Cor	npany		
The en	closed Articles of	Amendment and fee(s) are subn	nitted for filing	•		
Please	return all correspo	ndence concerning this matter to	o the following	:		
		Josep	sh M	De Vern		
			Name of I	erson		
		Caremax	Medie	g/ Center	, ۷ د د	
			Firm/Con	pany		
	8700 W Flagler Street, Suit 400					
			Addre	SS		
		Miam	, FC	33174 Zip Code		
				aremay, n		
		E-mail address: (to	be used for fut	are annual report notif	ication)	
For fu	rther information c	oncerning this matter, please cal	11:			
	Tosep	Person	at (78	6, 200-	8305	
-	Name o	f Person	Area	Code Daytime	Telephone Number	
: Enclos	sed is a check for th	ne following amount:				
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certifice tudditions		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
:	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	5°	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n utions nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caremay Med,		/	
(<u>Name of the Limited Liability Com</u> (A Florida Limited)	pany as it now appears d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L//OOOG77845</u> .	ny were filed on	76/11	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		·	510 m²
			PH -
			SA ST
Enter new mailing address, if applicable:		<u> </u>	22 = 10
(Mailing address MAY BE A POST OFFICE BOX)		;	75 3 0
			22 C
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 he	ere:		
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 Ager	•		234 0000
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	gree to act in this co te performance of n is provided for in Cl	ny duties, and Lam , hapter 605, F.S. Or,	familiar with and if this document is
1			

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>	Name	Address	Type of Action
11612	Los Angeles Medical Coup, Co	19. 2704 SW 137 Ave	🖸 Ādd
		114mi, FL 33175	□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			D Add
,			□ Remove
!			Change
			□ Add
			Remove
<u> </u>			□ Add
1			□ Remove
			Change

D. II amer —	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	, 	_	
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		SECRE)	4. ≅≅n	
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(If an effe Note:	ve date, if other than the date of filing: 3/8/17 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date vent's effective date on the Department of State's records.			
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o 90th day after the record is filed.	n the ea	rlier of:	
Dated_	Augu; + 8 . 2017.			
	Signature of a member of authorized representative of a member			
	Justined or printed name of signer			

Page 3 of 3

Filing Fee: \$25.00