

L1100011761

Florida Department of State
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TWIN LAKES MEDICAL CLINIC LLC

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T. HAMPTON
DEC 16 2011

EXAMINER

2011 11:03 AM

H11000292585
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TWIN LAKES MEDICAL CLINIC 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 09-09-11 and assigned
 Florida document number L11000111761

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

6750 SE 221 ST
HAWTHORNE, FL 32640

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

15135 NW 89 CT
MIAMI LAKES, FL 33018

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:

change Address only

New Registered Office Address:

6750 SE 221 ST

Enter Florida street address

HAWTHORNE

Florida

32640

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

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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

Title	Name	Address	Type of Action
MGRM	JOSE G. VILLACIS	6750 SE 221 ST Hawthorne FL 32040	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Rodrigo Quintana	6750 SE 221 ST Hawthorne FL 32040	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JOSE J. VILLACIS		<input type="checkbox"/> Add <input checked="" 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

12/14/11


Signature of a member or authorized representative of a member

DR. Rodrigo Quintana MD
Typed or printed name of signer

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