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SECRETARY OF STATE
TAIL MILSSEE FLORIDA



March 26, 2013

MELISSA O'ROURKE VITALMD GROUP HOLDINGS, LLC 3225 AVIATION AVENUE, SUITE 700 MIAMI, FL 33133

SUBJECT: ARMANDO E. HERNANDEZ-REY, MD LLC

Ref. Number: W13000017499

We have received your document for ARMANDO E. HERNANDEZ-REY, MD LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Florida limited liability company cannot convert into another Florida limited liability company. Pursuant to s. 608.439(1), F.S., "the term 'other business entity' or 'another business entity' means a common law or business trust or association; a real estate investment trust; a general partnership, including a limited liability partnership;a limited partnership, including a limited liability limited partnership; or any other domestic or foreign entity that is organized under a governing law or other applicable law, provided such term shall not include a domestic limited liability company."

If you are just changing the SUFFIX of the name you can file an Amendment. I am enclosing that form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 813A00007054

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Armando E. Hernandez-Rey, MD, PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa O'Rourke

Name of Person

Vital MD Group Holding, LLC

Firm/Company

3225 Aviation Avenue, suite 700

Address

Miami FL 33133

City/State and Zip Code

DOCK DUKKE OF Francial LLC

lorourke (o temwell. com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa O'Rourke

Name of Person

at (305) 273.4641

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Armando E	Herr	andez-Re	MD, YS	PLLC
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our iability Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number L120006	ability Company	were filed on <u>619</u>	112	and assigned FILED
This amendment is submitted to amend the follo	•			M & 4 STATE TRORIDE
A. If amending name, enter the new name of			•	0 H
Armando E. H.	ernan	dez-Rey 1	MD, LL	<u> </u>
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the	designation "LLC"	or the abbreviation
Enter new principal offices address, if applica	ble:	2828 COYO	11 Way	
(Principal office address MUST BE A STREET		Suite 103		
17 TINCIPAL OFFICE ANALESS TOOL DE TOTALES	(NDDRESS)		33145	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	3225 AVIO Suite 700 Miami Fi	1tion A 33133	
B. If amending the registered agent and/o registered agent and/or the new registered off				
Name of New Registered Agent:		ch yelen		
New Registered Office Address:	3225	Aviation F Enter Flori	AVENUE	, suite 500
	Mi	ami	, Florida 33	3 33
		City	Z	ip 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.

f 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

Title Name **Address** Type of Action 3225 Aviation Avenue MGRM VITAIMD Group 6904 Veronese Street Add MGRM Coral Gables, FL 33146 X Remove Remove Remove Remove Remove

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X 13	Signature of a member or authorized	
	Signature of a member or authorized	representative of a member
	- · · · ·	

Page 3 of 3

Filing Fee: \$25.00

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