

12-06-12

1:15AM

FROM: AKERMAN SENTERFITT

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Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H12000286046 3)))



H120002860463ABCS

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Rosa Wong, Paralegal  
Account Name : AKERMAN SENTERFITT (MIAMI)  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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PALM PLAZA MEDICAL CENTER, LLC

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EXAMINER

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H12000286046 3

**PALM PLAZA MEDICAL CENTER, 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 June 29, 2012 and assigned  
Florida document number L12000086337

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 "L.L.C."

Enter new principal offices address, if applicable:

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

16795 NW 67th AvenueMiami, Florida 33015

Enter new mailing address, if applicable:

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

16795 NW 67th AvenueMiami, Florida 33015

**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**

H12000286046 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Health Holdings Company, LLC	16795 NW 67th Avenue Miami, Florida 33015	<input checked="" 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
			<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 December 6, 2012

/s/ Shannon Sullivan

Signature of a member or authorized representative of a member

Shannon Sullivan

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H12000286046 3