

L12000118397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

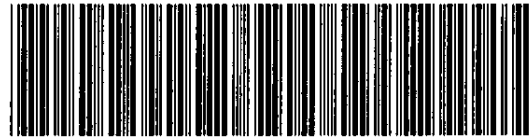
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AUDAX HEALTHCARE MANAGEMENT, LLC

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:

FELIX D. ALICEA-GONZALEZ

Name of Person

AUDAX HEALTHCARE MANAGEMENT, LLC

Firm/Company

6499 TAFT ST

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

FELIX@AUDAXHEALTHCARE.COM

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

For further information concerning this matter, please call:

FELIX D. ALICEA-GONZALEZ at ( 786 ) 488-3410

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**AUDAX HEALTHCARE MANAGEMENT, 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 09/17/2012 and assigned  
Florida document number L12000118397.

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)**

6499 TAFT ST

HOLLYWOOD, FL 33024

Enter new mailing address, if applicable:

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

6499 TAFT ST

HOLLYWOOD, FL 33024

**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:

FELIX D. ALICEA-GONZALEZ

New Registered Office Address:

6499 TAFT ST

Enter Florida street address

HOLLYWOOD

City

Florida

33024

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

**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	MARIA GONZALEZ	6517 TAFT ST	<input type="checkbox"/> Add
		SUITE 101	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 33024	
MGRM	PCP OF HOLLYWOOD, PL	2488 N UNIVERSITY DRIVE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Remove
MGRM	PRIMARY CARE PHYSICIANS OF HOLLYWOOD PL	2488 N UNIVERSITY DRIVE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33024	<input type="checkbox"/> Remove
MGRM	AUDAXA GROUP, LLC	6499 TAFT ST	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<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.)*

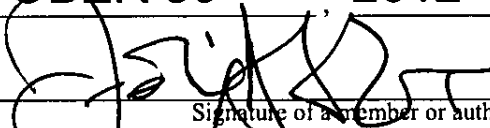
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Dated OCTOBER 30, 2012



Signature of a member or authorized representative of a member

FELIX D. ALICEA-GONZALEZ, MGRM, AUDAXA GROUP, LLC

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**