## L12000139578

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## **COVER LETTER**

TO:	Registra Division	ation Secti 1 of Corpo	ion prations		
SUR IFA		ami Childr	en's Health System Manager	ment Services, LLC	
SOBJE	CI. <u> </u>		Name of Lim	ited Liability Company	
The enc	losed Art	icles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please re	eturn all	correspond	ence concerning this matter	to the following:	
	Name of Person  Area Code  Daytime Telephone Number  osed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy  Solution  Area Code  Daytime Telephone Number  Daytime Telephone Number  Solution  Certificate of Code  Daytime Telephone Number  Daytime Telephone Number  Solution  Certificate of Code  Daytime Telephone Number				
				Name of Person	
			Miami Children's Health S	ystem	
				Firm/Company	<del>.</del>
			3100 SW 62 Avenue		
				Address	
			Miami, FL 33155		
				City/State and Zip Code	
			E-mail address: (	to be used for future annual report noti	fication)
For furth	her infor	nation con	cerning this matter, please ca	all:	
Josee C	hin				
		Name of P	erson	Area Code Daytim	e Telephone Number
Enclose	d is a che	eck for the	following amount:		
□ \$25.	.00 Filing	g Fee			

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

Miami Children's Health System Management Services, 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 and assigned Florida document number <u>L12000139578</u> 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 contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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 605, 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGMR	Miami Children's Health System,In	3100 SW 62 Avenue	Add
		Miami, FL 33155	Remove
			Change
AMBR	Children Health Ventures, Inc.	3100 SW 62 Avenue	
		Miami, FL 33155	Remove
			Add
			☐ Remove
			Change
<del></del>			Add
			Remove
		-	Change
			Add
			Remove
			Change
		-	☐ Remove
			☐ Change

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