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| (Req | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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SECRETARY OF STATE
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D. SCOTT JUN 1 6 2017

COVER LETTER

| Div | ision of Cor | porations | | | |
|--------------------|----------------|--|---|------------------|---|
| aun in an | | itpatient Medical Center, LLC | | | |
| SUBJECT: | | Name of Lim | nited Liability Company | | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | Sharon Parris-Donaldson, | Esq. | | |
| | Name of Person | | | | |
| | | Broward Outpatient Medic | cal Center, LLC | | |
| | | | Firm/Company | | |
| | | 150 SW 12th Avenue | | | أهسوا والشد |
| | | | Address | | ALL SECR |
| | | Pompano Beach, FL 3306 | 9 | | 至四里 |
| | | | City/State and Zip Code | | RY C |
| | | sharonpdonaldsonesq@gma | ail.com to be used for future annual report notif | | THE PERSON |
| For further in | nformation co | e-man address: to | | canony | JUN 14 PH 3 49 RETARY OF STATE AHASSEE, FLORIDA |
| Sharon Parri | s-Donaldson | ı, Esq. | 754 666-4574 at () | | • |
| | Name o | f Person | | Telephone Number | |
| Enclosed is a | a check for th | ne following amount: | | | |
| ■ \$25.00 F | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status & |
| | | ING ADDRESS: | STREET/COURIE Registration Section | n | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Broward Outpatient 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 $\frac{12/6/12}{12}$ Florida document number _ L12000152439 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 hame registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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> | Address | Type of Action |
|--------------|--------------------|----------------------------------|---|
| MGR | Stacey Castrovinci | 150 South Andrews Ave. Suite 201 | Add |
| | | Pompano Beach, FL 33069 | Remove |
| | | | ☐ Change |
| MGR | Joshua R. Perman | 150 SW 12th Avenue | Add |
| | | Pompano Beach, FL 33069 | □ Remove |
| | | | ☐ Change |
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| te: I | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be are ted |
| ume | nt's effective date on the Department of State's records. |
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| reco | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier |
| he S | 90th day after the record is filed. |
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Typed or printed name of signee

Filing Fee: \$25.00