Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPCRATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone

Fax Number : (561)694-1639

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

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA VIDA MEDICAL LLC

Certificate of Status	0
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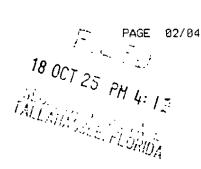
K. SALY

Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



La Vida Medical LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000023617	y were filed on <u>02/14/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address being the new registered of the n		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	ida
	∪n,r	esp cirat

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

Title	Name	Address	Type of Action
MGRM DESSALINES, EDVARD	DESSALINES, EDVARD	4519 LAKE WORTH RD	D \dd
	GREENACRES. FL 33463	■ Remove	
			□ Change
	<del>-</del>		
			□ Remove
		Change	
		Change  Change  Change	
			Change
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			Bemove
			Cl Change

Dated \_\_\_\_

2018

ignuture of a member or authorized representative of a member

Carlos M Alvarez, Attornoy-in-Fact

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00