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SECRETARY OF STATE
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EFFECTIVE DATE

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S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
	GARCIA, M.D., L.L.C.		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SERGIO GARCIA, M.D.		
		Name of Person	
	SERGIO GARCIA, M.D.,	L.L.C.	
		Finn/Company	
	8200 SW 117TH AVENU	E, SUITE 316	7ALL
		Address	
	MIAMI, FL 33183-4826		HASSES
		City/State and Zip Code	(F. STATE ORD)
	nora.vazquez@primehealth		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	incation)
NORA VAZQUEZ		305 549-8937	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERGIO GARCIA, M.D., L.L.C.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number L13000113750	were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	8200 SW 117TH AVE	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SUITE 316	→ Si 5
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33183-4826	
Enter new mailing address, if applicable:	8200 SW 117TH AVE	SSEE STEEL
Mailing address MAY BE A POST OFFICE BOX)	SUITE 316	
	MIAMI, FL 33183-4826	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		enter the name of the
	, Floi	rida 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 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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00