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TALLAHASSEE, FLORIDA

NOV 20 2015

S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DELACALLE MEDICAL CENTER 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:

**GILDA M DE LA CALLE MD**

Name of Person

**DELACALLE MEDICAL CENTER LLC**

Firm/Company

**10775 SW 56 ST**

Address

**MIAMI, FL. 33165**

City/State and Zip Code

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

For further information concerning this matter, please call:

**GILDA M DE LA CALLE** at **(305) 823-5730**  
Name of Person Area Code Daytime 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)

**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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**DELACALLE 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 09/11/2013 and assigned  
Florida document number L13000128587.

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)**

10775 SW 56 ST

MIAMI, FL. 33165

Enter new mailing address, if applicable:

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

10775 SW 56 ST

MIAMI, FL. 33165

**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*

, Florida

*City*

*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DANIEL DE LA CALLE	3900 SW 128 AVE	<input type="checkbox"/> Add
		MIAMI, FL. 33175	<input checked="" type="checkbox"/> Remove
MGRM	DAVID A DE LA CALLE	15135 SW 20 LN	<input type="checkbox"/> Add
		MIAMI, FL. 33184	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

**ARTICLE VIII MANAGEMENT OF THE COMPANY**

**SEE ATTACHMENT**

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11 / 07, 2015.

Signature of a member or authorized representative of a member

**GILDA M DE LA CALLE MD**

Typed or printed name of signee

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**AMENDMENT OF ARTICLE VIII  
MANAGEMENT OF THE COMPANY**

The business of the Company shall be managed by the members and the name, positions and address of the managing members are:

NAME/ADDRESS	POSITION	%
GILDA M DE LA CALLE 3900 SW 128 AVE MIAMI, FL. 33175	MGR/MEMBER PRESIDENT	50
KARINA M LOBAINA 2600 SW 142 AVE MIAMI, FL. 33175	MGR/MEMBER VICE PRESIDENT	50

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