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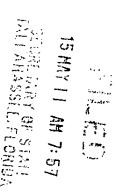
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COVER LETTER

TO:	Registration S Division of Co		•	
SIID I		ED HEALTHCARE CENTER	LLC	
SUBJ	ECT:	Name of Lin	nited Liability Company	
Division of Corporations SALUDMED HEALTHCARE 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: ALBERTO HERNANDEZ Name of Person SALUDMED HEALTHCARE CENTER LLC Firm/Company 8260 WEST FLAGLER STREET, STE1A Address MIAMI FLORIDA 33144 City/State and Zip Code SALUDMED@OUTLOOK.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALBERTO HERNANDEZ ALBERTO HERNANDEZ Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of S				
Please	return all correspo	ondence concerning this matter	to the following:	
		ALBERTO HERNANDE	z	
			Name of Person	
		SALUDMED HEALTHC	ARE CENTER LLC	
			Firm/Company	
		8260 WEST FLAGLER S	TREET, STEIA	
			Address	
		MIAMI FLORIDA 33144		
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Eon Gu	than infannation of		·	cation)
			4H.	
ALBE	RTO HERNANDI	EZ		
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2:	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited</u> (/	l Liability Company as it now appears on our records.) A Florida Limited Liability Company)		
-	bility Company were filed on 01/21/2014	and	d assigned
Florida document number L4000010175	.		
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:		
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviatio	n "L.L.C."
Enter new principal offices address, if applicab	ole:	<u>_</u>	-
Principal office address MUST BE A STREET	ADDRESS)	_	
		_	
Enter new mailing address, if applicable:			
•••			
Mailing address MAY BE A POST OFFICE BO	<u></u>		 _
		1.4	
6. It amending the registered agent and/or	registered office address on our records, ente	er the na	me of the
	re address here		
	ce address here:		75 X
egistered agent and/or the new registered offic	ce address here:		TS MAY
	ce address here:	1	75 MAY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
egistered agent and/or the new registered office Name of New Registered Agent:	ce address here:	LARASTE C	
egistered agent and/or the new registered offic	ee address here: Enter Florida street address	TO AHASSEE TO	
egistered agent and/or the new registered office Name of New Registered Agent:		E ARENEY OF SIA	

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
MGR	Diana Maricel Arias-Gomez	8260 West Flagler St Ste 1A	■ Add
	. —	Miami, Florida 33144	□ Remove
			Change
			Add
			□ Remove
			Change
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fective date	if other than the d	ate of filing:			(ontic	nal)	57
an effective date ote: If the date	is listed, the date must be inserted in this blocative date on the Dep	be specific and can ck does not meet	the applicable	ate of filing or mo statutory filing	e than 90 days after	filing.) Pursua	nt to 605.02 t be listed
record spe The 90th da	cifies a delayed ay after the reco	effective date d is filed.	e, but not a	n effective tir	ne, at 12:01 a	.m. on the	earlier
MAY 5		$-\int_{\mathbb{R}}^{2}$	015				
-	<u> </u>	ignature of a mem	ber or authorize	d representative o	f a member		
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Page 3 of 3

Filing Fee: \$25.00