

# L14000019139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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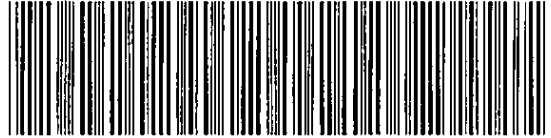
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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1. MIAMI MEDICAL & WELLNESS CENTER, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

FILED

Miami Medical & Wellness Center, LLC

2024 SEP 23 AM 9:13

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 3, 2014 and assigned Florida document number L14000019139.

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)**

7500 SW 8th Street

Suite 400

Miami, FL 33144

**Enter new mailing address, if applicable:**

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

7500 SW 8th Street

Suite 400

Miami, FL 33144

**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:

Paul McBride

New Registered Office Address:

7500 SW 8th Street, Suite 400

*Enter Florida street address*

Miami

Florida

33144

*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.*

Signed by:

Paul M. McBride, II

2749DB9E22EA49E

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>	<u>Type of Action</u>
AP	Xavier Alarcon	1400 NW 107th Avenue	<input type="checkbox"/> Add
		Suite 500	<input checked="" type="checkbox"/> Remove
		Miami, FL 33172	<input type="checkbox"/> Change
P, CEO	Paul McBride	7500 SW 8th Street	<input checked="" type="checkbox"/> Add
		Suite 400	<input type="checkbox"/> Remove
		Miami, FL 33144	<input type="checkbox"/> Change
CFO	Claudio Kapusta	7500 SW 8th Street	<input checked="" type="checkbox"/> Add
		Suite 400	<input type="checkbox"/> Remove
		Miami, FL 33144	<input type="checkbox"/> Change
COO	Douglas Johnson	7500 SW 8th Street	<input checked="" type="checkbox"/> Add
		Suite 400	<input type="checkbox"/> Remove
		Miami, FL 33144	<input type="checkbox"/> Change
CTO	Eric Santiago	7500 SW 8th Street	<input checked="" type="checkbox"/> Add
		Suite 400	<input type="checkbox"/> Remove
		Miami, FL 33144	<input type="checkbox"/> Change
CMO	Jose D. Suarez, M.D.	1400 NW 107th Avenue	<input type="checkbox"/> Add
		Suite 500	<input checked="" type="checkbox"/> Remove
		Miami, FL 33172	<input type="checkbox"/> Change

C. Authorized Persons (continuation)

	Title	Name	Address
<input type="checkbox"/> Change	CRO	Nick Campbell	7500 SW 8 <sup>th</sup> Street, Suite 400 Miami, FL 33144
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change	Manager	Rodolfo Dumenigo, MD PA	1400 NW 107 <sup>th</sup> Avenue, Suite 500 Miami, FL 33172
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
<input type="checkbox"/> Change	Member	Rodolfo Dumenigo, MD	1400 NW 107 <sup>th</sup> Avenue, Suite 500 Miami, FL 33172
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			

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

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TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 20, 2024

— Signed by:

Paul M. McBride, II

Signature of a member or authorized representative of a member

Paul McBride

Typed or printed name of signee