L14000132393

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Special Instructions to Fi	iling Officer:	
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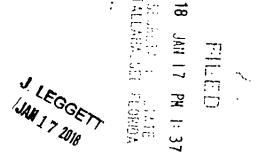
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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT		edical Centers of SW FL, LLC	•	
SUBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	m all correspoi	ndence concerning this matter	to the following:	
		Yajaida Vasquez		
			Name of Person	
		Suncoast Medical Centers		
			Firm/Company	
		1154 Lee Blvd. Ste. 4		
			Address	
		Lehigh Acres, FL 33936		
			City/State and Zip Code	
		yvasquez110@msn.com		
		E-mail address: (1	to be used for future annual report notif	fication)
For further	information co	oncerning this matter, please ca	all:	
Gabrielle F	Roque		239 634-5310	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suncoast Medical Centers of SWFL, 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 [08/22/2014]and assigned Florida document number _____L14000132393 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.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 _

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>	Name	Address	Type of Action
MGR	Jacqueline Rodrigue	3040 Oasis Grand Blvd. Apt. 3204	
		Ft. Myers, FL 33916	■ Remove
			Change
MGR	Baldir Lopez Acosta	13381 Seaside Harbour Dr.	∃ Add
		North Ft. Myers, FL 33903	Remove
			☐ Change
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fective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory	filing requirements, this date will not be lis
nent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective	ve time at 12:01 a.m. on the earl
90th day after the record is filed.	ve time, at 12.01 a.m. on the can
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Jan.9 2018	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee