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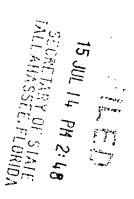
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Certified Copies	Certificates	of Status
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	egistration Se vision of Cor	ection **	COVERLETTER	(1)
	OPES HEA			
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspo	ondence concerning this matter	to the following:	
		JAMES SCHMIDT		
			Name of Person	
		JAMES A. SCHMIDT, P.	Α.	
			Firm/Company	
		777 S. HARBOUR ISLAN	ND BLVD., STE. 215	
			Address	
		TAMPA, FL 33602		
			City/State and Zip Code	
		VCRUZ@OPESHAELTH.		
		E-mail address: (to be used for future annual report noti-	fication)
For further	information c	oncerning this matter, please c	all:	
JAMES SO	CHMIDT		813 250-3700 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for the	ne 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(Name of the Families)	A Florida Limited Liability Company)	131 /
The Articles of Organization for this Limited Lia Florida document number 115000023144	bility Company were filed on 02/06/2015	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
	49,190	
Forting the state of the state		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)		
Imaning university BEATOST OFFICE B		
B. If amending the registered agent and/o registered agent and/or the new registered off		ls, enter the name of the new
Name of New Registered Agent:	JAMES A. SCHMIDT, ESQ.	15
New Registered Office Address:	777 S. HARBOUR ISLAND BLVD., STE. 215	JUL 4
	Enter Floridu street addre	SS SS T
	TAMPA	lorida 33602
New Registered Agent's Signature, if changing Re		D SIAIL
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified.	r and complete performance of my duties, a tered agent as provided for in Chapter 605, egistered office address, I hereby confirm th hange.	nd I am familiar with and F.S. Or, if this document is

Page 1 of 3

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>	Address	Type of Action
MGR	VICTOR D. CRUZ, M.D.	1190 EAST WASHINGTON ST., I	■ Add
		TAMPA, FL 33602	□ Remove
			Change
			
			□ Remove
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E. Effe	tive date, if other than the date of filing: (optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	28 Prespant	o 605.02
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	off the date inserted in this block does not meet the applicable statutory filing requirements, this date were	all not be	e listed
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