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(City/State/Zip/Phone #)

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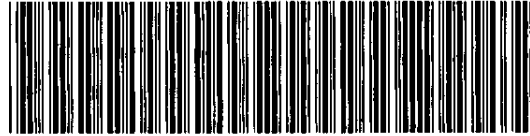
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 15 2015

J SHIVERS

JAMES A. SCHMIDT

ATTORNEY AT LAW

777 SOUTH HARBOUR ISLAND BLVD.

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TAMPA, FLORIDA 33602

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July 9, 2015

Sent by US Priority Mail

No. 9405 8036 9930 0026 7085 22

Division of Corporations

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

RE: Articles of Amendment

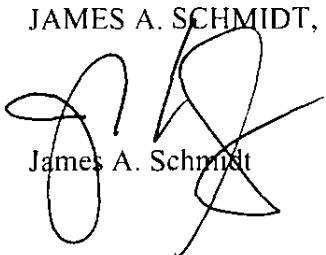
Dear Sir or Madame,

Enclosed please find this law firm's check no. 1347 in the amount of \$50.00 for the Articles of Amendment for the following Florida Limited Liability Companies:

1. OPES Health, LLC, document no. L15000023144; and
2. OPES Health Channelside, LLC, document no. L15000023179.

Very truly yours,

JAMES A. SCHMIDT, P.A.


James A. Schmidt

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OPES HEALTH CHANNELSIDE 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:

JAMES SCHMIDT

Name of Person

JAMES A. SCHMIDT, P.A.

Firm/Company

777 S. HARBOUR ISLAND BLVD., STE. 215

Address

TAMPA, FL 33602

City/State and Zip Code

VCRUZ@OPESHAELTH.COM

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

For further information concerning this matter, please call:

JAMES SCHMIDT

813

250-3700

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

OPES HEALTH CHANNELSIDE 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 02/06/2015 and assigned
Florida document number 115000023179.

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) _____

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:

JAMES A. SCHMIDT, ESQ.

New Registered Office Address:

777 S. HARBOUR ISLAND BLVD., STE. 215

Enter Florida street address

TAMPA

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 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> |
|--------------|----------------------|-----------------------------|---|
| MGR | VICTOR D. CRUZ, M.D. | 1190 EAST WASHINGTON ST., 1 | <input checked="" type="checkbox"/> Add |
| | | TAMPA, FL 33602 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

Figure 6

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 JULY 9 2015

Signature of a member or authorized representative of a member

Typed or printed name of signee

Victor D. Cruz, M.D.

Page 3 of 3

Filing Fee: \$25.00