

LF5000142308

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Phone : (736) 362-0124
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRIMARY CARE AND EDUCATIONAL CENTER OF MIAMI
LLC**

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S. YOUNG

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

PRIMARY CARE AND EDUCATIONAL CENTER OF MIAMI, 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 08/24/2015 and assigned
Florida document number L15000142308.

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:

13055 SW 42 ST. SUITE 208

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33175

Enter new mailing address, if applicable:

13055 SW 42 ST. SUITE 208

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33175

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:

MARCIAL, EDDY

New Registered Office Address:

13055 SW 42 ST. SUITE 208

Enter Florida street address

MIAMI

Florida 33175

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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Dated

10/28, 2015

Signature of a member or authorized representative of a member

Eddy Marcial

Typed or printed name of signee

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