

JUL-11-2016 17:27

Division of Corporations

P.01

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004397
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PATH MEDICAL, LLC

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JUL 13 2016

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

L15000192817

PATH MEDICAL, 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 11/13/2015 and assigned
Florida document number L15000192817

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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:

L15000192817

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	PATH MEDICAL CENTER, INC.	2304 W OAKLAND PARK BLVD	<input type="checkbox"/> Add
		FT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	ROBERT LEWIN	2304 W OAKLAND PARK BLVD	<input checked="" type="checkbox"/> Add
		FT LAUDERDALE, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

16 JUL 22 AM 8:55
 ALABAMA
 DEPT OF STATE
 TALLAHASSEE, FLORIDA

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

L15000192817

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 _____



Signature of a member or authorized representative of a member

ROBERT LEWIN, PRESIDENT

Typed or printed name of signer

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Filing Fee: \$25.00

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